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chemist & Druggist

18 November 1972

THE NEWSWEEKLY FOR PHARMACY

Careers and Education

SPECIAL SECTION

Massive vote for Irish Union

Unichem expand to Wales

Macarthy's acquire UCAL



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The newsweekly for pharmacy
18 November 1972 Vol. 198 No. 4836
114th year of publication

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David Sharpe discusses problems
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THALIDOMIDE: MPs criticise delay

MPs on both sides in the Commons on Tuesday pressed the Government to intervene to end delays in compensation for thalidomide victims.

The Opposition tabled a motion calling on the Government to propose amending the law for damages and to consider a state insurance scheme for personal injury.

Sir Robert Cary asked if there was any way in which the legal talks between Distillers and the parents could be expedited.

The Prime Minister replied: "That is a matter for the legal advisers on both sides. It is not right for the Government to interfere in a legal action of this kind. But I would have thought that everybody hopes the matter will be settled at the earliest possible moment. But this is the responsibility of the advisers."

"The tragedy of thalidomide babies remains headline news, but I think it may be said that these sad cases were relatively few in relation to their impact upon legislation, official reaction and practical measures throughout much of the world," Professor A. N. Worden, chairman of the Huntingdon Research Centre, said recently.

It was his opinion that the manufacturers were not guilty, by the standards of the day, of any glaring errors in the pre-clinical or pre-marketing investigations of that compound, whose apparent freedom from toxicity caused demands for its release for use in the United States by some not noted for their love of the pharmaceutical industry.

The teratogenic effect of thalidomide might, he suggested, have been predicted had therapeutic agents been routinely subjected, as food additives already were, to reproductive tests as outlined by the staff of the US Food and Drug Administration. "One was forced to query the validity, or the application, of the predictive test systems of the day", he said.

Professor Worden was giving the annual lecture of Merck, Sharp and Dohme Research Laboratories at the Royal College of Physicians, London. His subject was "toxicology and the environment".

He reiterated that the testing of products or candidate products for safety had increased greatly during the past decade.

Beecham's action on RPM

Beecham Group Ltd were granted a permanent order in the High Court on November 10 restraining Cut Price Drug Store, Bournemouth Road, Parkstone, Dorset, from reselling retail Eno's Fruit Salts or any other of the group's proprietary medicines at less than the group's current price list.

The Parkstone firm had contested

Beecham's application for an order but when Mr Justice Ungood-Thomas said he would grant a temporary order, pending the full hearing of the dispute, the firm agreed to submit to a permanent order.

The judge said that Beecham originally supplied the firm directly but latterly they had been supplied by wholesalers. He said that the firm had maintained that it was not established that the condition was attached to those goods sold to the wholesaler who resold them to the defendant. Also the firm claimed that when Beecham supplied goods directly to them the firm was not subjected to retail price maintenance provisions but was exempted from them as a result of incidents between the firm's proprietor and a representative of Beecham.

But the judge thought it perfectly clear on the evidence that the firm's proprietor knew perfectly well there were price con-

ditions attached by Beecham to the wholesalers.

There was a complete clash of evidence over what was said by Beecham's representative to the firm's proprietor and what incidents occurred.

"It seems to me that the inherent probability, and indeed my impression of the evidence as given in the affidavits, is inclined in favour of Beecham's version of what happened rather than that of the firm's proprietor," said the judge. Beecham were granted their costs.

Purchase tax changes

The Commissioners of Customs and Excise have made the Purchase Tax (No 5) Direction 1972, effective November 15. It exempts (by adding to Head II) hexamine mandelate and tranexamic acid. Influenza vaccine, prepared for the inhalation by aerosol and providing in each immunising treatment (four inhalations) 360 i/u inactivated A Aichi 2/68, 120 i/u inactivated B Netherlands 78/66 and 120 i/u inactivated B Berkeley 1/71.

September sales

The retail sales indices for chemists in September were: all chemists 151 (+ 11 per cent); independents 137 (+ 6 per cent); multiples 138 (+ 11 per cent) and co-operatives 147 (+ 14 per cent). The figures do not include NHS receipts.

Unichem to open S. Wales depot

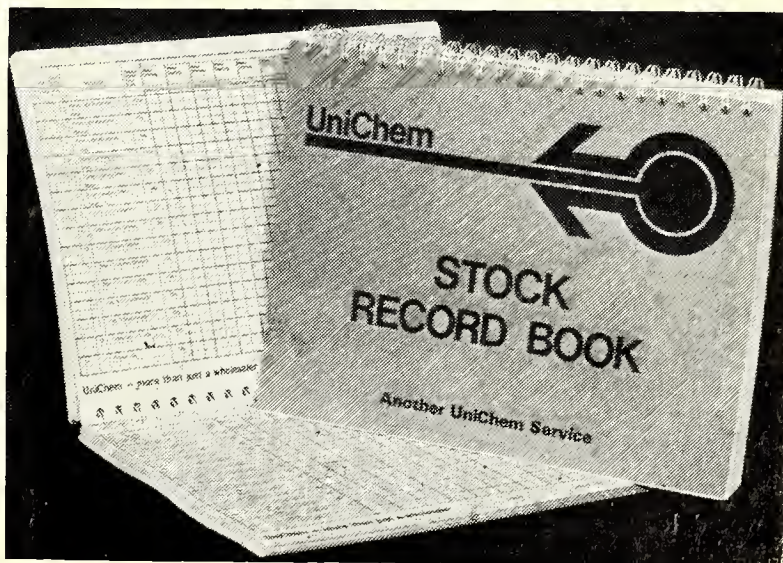
Unichem Ltd stated on Monday that they had negotiated a long-term lease on warehouse premises in Meadow Street, off Gors Road, Swansea, and that distribution of a full range of "ethical" products, Dangerous Drugs, bulk tablets and surgical sundries was expected to start before the end of the year. The depot would also be distributing over-the-counter lines brought into South Wales on a daily basis from Nuneaton.

The project involved an initial investment estimated at around £90,000 including the installation of shelving units and a conveyor belt distribution system. The depot would operate a fleet of eight white-painted vans and a team of experienced telephone order clerks. It was intended to provide at least a twice-a-day service for most customers in the area.

The Unichem stock recording system is receiving overwhelming support the com-

pany reports. The scheme is based around an easy-to-read stock record book listing 1,200 counter products obtainable on Unichem's profitable buying plan. It aims to ensure that the pharmacy has a good "in stock position"; to provide a constant appraisal of stock levels to create financial advantage in buying terms by relating ordering to a true pattern of demand. The book is pre-printed and supplied free of charge. It enables an assistant to maintain control of up to 80 per cent of the popular OTC lines and maintain a buying advantage of an extra 6 per cent plus rebate (currently at 2½ per cent).

To meet the demand, Unichem has set up a series of special "teach-in" meetings which are being held during the next month in Reading, Willesden, Kingston, Brighton, Hastings, Guildford, Sheffield and Walthamstow.



Unichem's stock record book

Massive vote for Irish Pharmaceutical Union

By an overwhelming vote (314 votes from 319 cast) members of the Irish Drug Association have favoured the establishment of the new Irish Pharmaceutical Union to replace the Irish Drug Association.

The poll, at a special general meeting held in Dublin on November 5, represented less than 50 per cent of the total membership of over 1,000.

It was announced by the president of the Association, Mr John Burke, that the Association would carry on as such until the end of the year and the new Union would take over on January 1, 1973. It is intended that the Union will take over the present premises occupied by the Association at 27 Merion Square, Dublin together with its staff and equipment.

The Union will appoint its own secretariat headed by a director general who, it is envisaged, will conduct all negotiations on behalf of pharmacy as a whole. The new organisation will deal with all the business activities of pharmacists leaving the Pharmaceutical Society of Ireland to deal with all statutory and professional activities.

Executive committee

In the new Union, the community pharmacy sector will have 12 of the 24 seats on the executive committee. These will consist of one member from each of the eight regional health associations together with four community pharmacists to be nominated by the community sector committee. There will be three representatives for each of the following groups: Hospital pharmacists and medical representatives;

More colleges teaching management

The degrees in pharmacy awarded by Chelsea College, University of London, and Heriot-Watt University, Edinburgh, have been recognised by the Institute of Pharmacy Management for admission to full membership of the Institute.

With the inclusion of these colleges, half the colleges of pharmacy in Great Britain are now providing a systematic course of instruction in pharmacy management subjects, of a standard to be acceptable to the Institute.

Free scripts until 16?

A request that free prescriptions be granted to children kept at school until the age of 16 was made in the House of Commons on Tuesday by Mr K. Marks. Mr Michael Allison (Under-Secretary of State for Health and Social Security) said he would look at the implications of the suggestion.

wholesale and industrial pharmacists; academic and army pharmacists; community pharmacist employees.

The Irish Drug Association has been in existence since 1909. The present secretary, Mr Brendon R. Smith had held the position since 1934.

Only one speaker opposed the motion to form the Union. He was the immediate past president of the Association, Mr Alexander Herriot, Bandon, he said the essential thing in any union was uniformity of interest. There were at least three major sectors of pharmacy and he could not see them agreeing with each other on all matters.

The Association was putting all its officers, staff and equipment into the new Union but the other groups appeared to be coming in empty handed. Community pharmacists represented about 70 per cent

Guild still fighting for Noel Hall posts

Further approaches are to be made to the Northern Ireland authorities urging the appointment of a regional hospital pharmacist.

The council of the Guild of Hospital Pharmacists heard at its recent meeting a number of comments on a visit undertaken by Miss J. Greenleaf and Mr J. G. Roberts to Northern Ireland. It was agreed to continue supporting Guild members in Northern Ireland who were urging such an appointment.

The council was also informed that the Welsh Hospital Board would not be appointing a regional hospital pharmacist. It reiterated its displeasure at the decision and agreed to inform the Welsh authorities that such a situation reduced the career prospects of hospital pharmacists in Wales.

The council expressed concern over the apparent piecemeal implementation of Noel Hall grades, particularly in advance of the approval of a Noel Hall area organisation and the appointment of a Noel Hall area pharmacist. It was agreed that regional pharmacists and teaching hospital pharmacists already graded should be approached emphasising the importance of accelerating the creation of Noel Hall grades and the assimilation of present staff onto these grades, while making sure that the interests of the staff were being protected.

It was announced that a special general meeting of the Guild would be held on December 2, at the University of Aston in Birmingham, to discuss the Guild's future.

The following motion will be put: "This meeting agrees that the Guild council should enter into negotiations with the

of the profession and he said it was not democratic to grant them only 50 per cent representation. He asked them to reject the resolution for the present.

Mr R. G. Power felt he was convinced that in the LEC pressures would be exerted by some of the new member countries who, if they succeeded, might relegate pharmacy to the technician category.

Those who believed pharmacy was a profession must be in a position to express their views forcibly. Concerning the assets of the Association, he said they belonged to the members who could indicate what was to be done with them.

The President proposed the resolution. Mr T. R. Miller who seconded, believed that if they had had a Union four or five years ago they would have been in a much stronger position to negotiate the new health agreement.

Mr John McLaughlin, Barllina, said on behalf of the pharmacists of Mayo, Roscommon and Galway, he was told to say the Union must be formed.

Mr R. C. O'Higgins said that for too long pharmacists had been working in dispensaries at salaries not in keeping with their professional status. It had taken the negotiating committee years to right the wrongs which had been done by the dispensary system. He would like to think that pharmacy was about to build its house on a firm rock.

Association of Scientific, Technical and Managerial Staffs with a view to seeking affiliation, on acceptable terms, as a special membership section, maintaining a separate voice for hospital pharmacy within that organisation, and at the same time to pursue the possibility of the formation of a hospital pharmacist's group within the Pharmaceutical Society of Great Britain."

The council agreed that it was now time to ask the membership for authority to negotiate with those parties.

Changes of functions

On October 2 the Secretary of State made an Order, Ministries (Transfer of Functions) (No 3) Order (Northern Ireland) 1972, which provides for the transfer of certain functions regarding pharmacy from the Ministry of Home Affairs to the Ministry of Health and Social Services from November 1, 1972. The Registrar of the Pharmaceutical Society of Northern Ireland is now at Ministry of Health and Social Services, Lindsay House, Callender Street, Belfast, BT1 5BN, and enquiries about pharmacies and chemists should be directed there.

Irish dance

The annual dance in aid of the Benevolent Fund of the Pharmaceutical Society of Ireland sees a break with tradition when for the first time since its establishment over 30 years ago the function will be held in a venue other than Dublin's Gresham Hotel. This year the dance will be held at the Shelbourne Hotel on December 5.

Tickets (£3.30 each) or table reservations can be obtained from any of the officers, c/o College of Pharmacy, 18 Shrewsbury Road, Ballsbridge, Dublin 4.

Company News

Macarthy's in agreed bid for UCAL

United Chemists (UCAL) Ltd have agreed terms whereby Macarthy's Pharmaceuticals will acquire the whole of the issued share capital of UCAL consisting of 7,266 $\frac{7}{8}$ per cent cumulative preference shares of £5 (973 of which are £1 paid, 10 are £3 paid and 6,283 fully paid) 68,670 5 per cent cumulative preference shares of £1 fully paid, 500 founders shares of £5, fully paid and 28,500 ordinary shares of £5, fully paid. The consideration, which will be paid in cash, will be equivalent to the paid value of each share.

The shares in UCAL, which are not quoted on any stock exchange, will be acquired with all rights except that, in the event of the offers becoming unconditional, holders of preference shares will be entitled to receive all dividends down to September 30.

The directors of UCAL intend to accept the offers in respect of their own beneficial holdings and will recommend all other shareholders to accept the offers.

Max Factor bought by US food group

Max Factor Inc of Los Angeles, USA, have been acquired by Norton Simon, a US consumer products group interested in food and beverages. The cost of the deal to Norton Simon will be \$480m, which is being paid through an exchange of shares. The terms of the deal are that 1,115 Norton Simon shares will be exchanged for each Max Factor share outstanding.

It is expected that Max Factor will operate as a subsidiary of Norton Simon. Until now Norton Simon has chiefly operated in the US while some 60 per cent of Max Factor's turnover is derived from sales outside the US, and it manufactures in 14 countries and sells in 144.

Max Factor reported net profits of \$17.4m on sales of \$192.4m although this year its profits situation has deteriorated. For the first nine months ended September 30, net income was \$9.9m on sales of \$146.7m.

For the year ended June 30, Norton Simon earned \$50.5m on sales of \$1,185.3m. Sales were 7 per cent up on the year before and earnings up 17 per cent.

Hanimex forecast continued growth

The Hanimex Corporation is expected to show continued growth in sales and profits in the coming year according to the directors. In addition, the company could be

involved in further growth through take-overs.

The increases in sales and profits last year were affected by some unusual problems associated with variations in exchange rate and particularly by a number of difficulties in obtaining supplies.

Group net profit for the year ended June 30 came to \$A1.31m (\$0.65m) and the dividend is 10 cents (same).

All overseas subsidiaries contributed to the result, although profitability of Australian-manufactured exports again was affected by cost increases and by adjustments in exchange rates.

Buoyant trading conditions in the UK contributed to record sales and profits. Sales rose 34 per cent.

Volumatic go Limited and form new divisions

The Volumatic Co, Coventry, known for their range of security aids has been formed into a limited liability company.

Known as Volumatic Ltd, the new company will have three totally segregated trading divisions to deal with its programme of diversification. A security divi-

sion will handle the company's range of retail and commercial security products and industrial safety mirrors. A point of purchase division will handle the company's developing trade in sales bins such as the Pop Bin and there will be an export division.

Beecham have good first half

From sales of £119.91m in the half-year ended September 30, Beecham Group Ltd had a group trading profit, before tax, of £21.66m against £105.95m and £19.44m respectively in the corresponding period of 1971.

After tax and loan interest, etc, group profit is £10.96m (£9.68m) of which £10.86m (£9.599m) is attributed to Beecham Group Ltd.

An unchanged interim dividend of 12 per cent is declared. It will be paid on April 3, 1973.

Sales and profits of overseas subsidiary companies for the half-year have been converted into sterling at actual rates of exchange ruling at that date.

Dublin pharmacy changes

Two Dublin pharmacies have closed recently. The well-known firm of Roches' have disposed of their pharmacy in O'Connell Street, while Maguire's Pharmacy Ltd, Exchequer Street, has closed down, to be opened for non-pharmaceutical purposes. The company's other pharmacy in Dun Laoghaire closed down some time ago. They still retain a pharmacy in Grafton Street while Roches continue to operate at several centres in the suburbs.



Dr G. J. Hobday



Mr D. E. M. Appleby

New Boots chairman named

Dr G. J. Hobday, managing director of the Boots Co Ltd is to succeed Mr Wilmoughby R. Norman as chairman of the company on January 1, 1973, when Mr Norman retires. At the same time Mr D. E. M. Appleby, finance director, will become managing director.

Shareholders are to receive an unchanged interim dividend of 8 per cent for the year ended March 31, 1973. Had it not been for the dividend freeze it was the intention to pay more say the direc-

tors. The dividend payment dates will be made twelve weeks later than usual for tax purposes.

Net world sales for the six months to September 30 totalled £164.7m (against £139.47m). Trading profit was £20.68m (£14.36m) and profit after taxation £11.65m (£8.01m).

The increase in sales over the corresponding period last year arises largely from real increases in the volume of goods sold, the directors say.



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People

Topical reflections

BY XRAYSER

The ice age

Mr R. M. Shaw, MPS of Lytham St Annes who qualified in 1914 has been awarded the medal of the Joslin Diabetic Foundation of Boston, Mass, USA, to mark his continued insulin treatment for 50 years. Only two medals have come to England and Mr Shaw is the only pharmacist to be honoured.

Mr Willoughby R. Norman who is retiring as chairman of the Boots Co Ltd on December 31 will become honorary president of the company thus continuing his long association with the group, the last twelve years of which he has spent as chairman.

At the time of the proposed merger with Glaxo it was stated that Mr Norman would become chairman of the combined group. Had the merger become effective it would have been his intention to retire at the annual meeting in July 1973. As the merger did not take place Mr Norman feels that the appropriate time for him to retire would be at the end of this calendar year "when the business is flourishing and we are not engaged in any acquisitions or major changes."

Dr Gordon I. Hobday, who is to head Boots from January 1, 1973, joined the company in 1939 as a research chemist after graduating with first class honours in chemistry in 1937 and taking his PhD on research in biochemistry. He subsequently became a Fellow of the Royal Institute of Chemistry.

From 1944 he was increasingly involved with patents and technical commercial agreements for the company until, in 1950, he was appointed head of administration in the research department under Sir Jack Drummond. On Sir Jack's death he became head of the research department, and in 1954 a director of Boots the Chemists (Northern) Ltd. Next year Dr Hobday was appointed a member of the company's executive committee and became a director of Boots in the same year and deputy managing director on January 1, 1968.

Mr C. G. Bridge, personnel director of Reckitt & Colman Ltd, has been elected president of Chemical Industries Association.

Due to a printers error the position of **Mr F. G. Razell** in the Almay caption (C&D, November 11, p716) was given incorrectly. He is general manager, UK, Nicholas International.

Deaths

Bailey: On November 3, Mr Benjamin Robert Bailey, MPSI, 2 Nugent Road, Rathfarnham, co Dublin. After qualifying in 1950 Mr Bailey entered the wholesale side followed by a spell as a pharmacist in the army's base medical stores. Subsequently he was a hospital pharmacist

The world of politics never ceases to delight me, whether the reins are held by red, white and blue; by pink or red, or by Alleppy green or Peruvian silver-grey. We have, once again, entered the Ice Age and we appreciate, not for the first time, that the impossible and the improbable should not be confused. Somebody, somewhere, has found that there is, after all, no insuperable obstacle to repayment, in some form, of all the purchase tax held on the shelves of retail establishments at the time of the introduction of value added tax. Why that should suddenly have been found to be an administrative possibility in a week of crisis I am not prepared to hazard a guess.

There are several intriguing possibilities into which I need not enter, but there is usually a *quid pro quo* in governmental gestures. Meantime, there is, so far as pharmacy is concerned, a total price freeze which should, for the time being, put a stop to the deluge of material intimating higher prices which descended with increasing weight until the very arrival of the iceberg. And the public is asked to do its own policing, to raise the question of price in the shop itself and, failing satisfaction, to telephone to authority direct. Severe penalties for defaulters are threatened.

It would all have been clearer cut and simpler to administer were it not that those who "itch to interfere in matters which they do not understand" abolished, some years ago, resale price maintenance, a step which led to "merchandising" with such illuminating slogans as "at least 3p off the recommended price". And in the jungle warfare of the past few years no one knows the price of anything. But even if the public is hazy about prices (as who is not?) they are being incited to issue challenges in public places and rush to the telephone. So once more unto the breach. We shall fight at the counters; we shall deliver broadsides from our gondolas. But we are not, however we may appear, all Alleppy greens.

Urgent prescriptions

I sympathise with the outraged feelings of the Chemist Contractors Committee in the matter of urgent prescriptions. It seems that the Department of Health and Social Services is not prepared to accept the endorsement of a pharmacist where an EC10 form, not marked urgent by the prescriber, is presented for dispensing out of hours.

The Contractors Committee is informing the Department that their decision reflects on the professional integrity of the pharmacist. The Committee threatens that unless a satisfactory solution is reached it might no longer be able to support the voluntary schemes in existence for the dispensing of prescriptions urgently required. But is it really *professional* integrity which is impugned? Is it not integrity itself? Is there evidence that claims have been made dishonestly? We are not told. But, however indignant the Committee may feel, it may be salutary to have a look at the reverse of the EC10 form, where it is made clear that the integrity of the whole populace is questioned and proceedings may be instituted for any false claim to exemption from prescription charges.

In both cases public money is being spent and the Department has a public duty. I have little doubt that the professional integrity of the pharmacist who voluntarily supplies urgent medicines out of hours will continue to be in evidence and that no one will suffer, despite the Committee's threat that it will no longer be able to support voluntary schemes.

and in latter years he managed a number of pharmacies throughout Dublin city.

Jones: Recently, Mr Robert Irvn Jones, MPSI, Orston, Dundrum Road, Dundrum, co Dublin. Qualifying in 1931, he worked for a spell in England. Later he purchased Ryan's pharmacy in Dundrum after a Dublin appointment.

Liddle: On November 7, Mr John Kirk Liddle, MPS. 23 Lyndhurst Gardens, Glasgow, NW. Mr Liddle qualified in 1929.

Wilbourn: Recently, Mr Laister Wilbourn, MPS, 20 Mansfield Road, Hasland, Derbys, aged 64. Mr Wilbourn qualified in 1929 and followed his father in the family business in Hasland, Chesterfield.

Trade News

Synacthen reformulation

Synacthen injection, from CIBA Laboratories, Horsham, Sussex, has been reformulated. Ampoules containing a 1 ml buffered aqueous solution of tetra cosactrin 0.25 mg replace those containing the freeze dried product. Otherwise the presentation as a pack of six ampoules and price remains unchanged.

Shulton prices—as you were

Shulton have reconsidered their earlier decision concerning prices and have now decided *not* to implement the revised prices they issued for Old Spice, Oriental Spice, Desert Flower, John H Breck, Carven and Nina Ricci preparations. The company regrets the problems "such a decision creates" and add "it is inevitable that unusual measures such as a price freeze create unusual situations".

Keeping cool in an emergency

The Frigobox is a portable cold storage refrigerator giving 1.25 cu ft of space, although it is only 16ins deep, 17ins high and 19ins wide, and weighs only 23lbs. It comes in a variety of stove enamel finishes with a magnetic gasket seal to the top lid. The seamless interior is in white polystyrol. It is imported from West Germany and marketed by Woodward Marketing Trading Ltd, 39 Glenhill Close, Lichfield Grove, Finchley, London N3.

A standard 12v car battery, standard bottled gas or mains electricity will power the Frigobox, which has a low consumption. Gas models feature push-button ignition control with a fail-safe device in case the flame is extinguished, while both gas and electric models have a seven position thermostat control (£32.23—£42.70 plus service and delivery charges).

The Frigobox has a 5-year guarantee on the refrigerator unit and one year on all other parts.

Now engraved

Clinitetrin tablets are now supplied by Glaxo Laboratories, Greenford, Middlesex, with the product and company names engraved instead of printed. There is no change in colour or coating.

"No tax" bonanza

J. J. Vickers & Sons Ltd, 80 Royal Hill, Greenwich, London SE10, importers of Swallow binoculars, point out to chemists with photographic and optical businesses that binoculars carry no purchase tax and therefore offer a very good buy prior to the introduction of value added tax in April 1973. To help get this message across to potential customers, the company has produced a window banner which proclaims: "There is no purchase tax on our binoculars—enquire within". It is hoped that the banner will serve to arouse the

curiosity of the casual window-shopper, who can be told the true position and the advantages of buying now when he has entered the shop.

Vickers add that the same advantages apply to telescopes, microscopes, etc, and say that binoculars make an acceptable Christmas gift. Their promotion may also serve to lift sales during the slack post-Christmas period.

First with the Act

Remington, 7 High Street, New Malden, Surrey, claim to be the first manufacturers to announce a firm plan for labelling litho cartons to conform with the new Trade Descriptions Act. Under the Act, which comes into force on December 29, all packaging must give the product's country of manufacture.

Triominic syrup colour

Wander Ltd advise pharmacists that the colouring agent used in Triominic syrup has been withdrawn by the manufacturers and that the alternative available produces a slight colour change; the syrup has a blue/red tinge. Patients can be assured that this does not denote any change in the active ingredients.

Cuprinol to market MAFU

From January 1, 1973, Cuprinol Ltd, Frome, Somerset, will exclusively market Mafu, the fly killer strip manufactured by Bayer Germany.

Launched only three years ago in the UK, Mafu is said to have gained around 35 per cent of the fly strip market. Cuprinol who had marketed Vapona fly killer strips for the past six years will have the sole UK franchise for Mafu through all outlets, chemists, grocers, hardware, garden and agricultural trades.

Prepare for winter

In last week's C&D pharmacists were reminded of the availability of DCL brand extract of malt with cod liver oil BPC, butterscotch flavour. Packed in 1lb jars the product is manufactured by The Distillers Co (Malt Products) Ltd, Edinburgh and is available from wholesalers. Pharmacists are encouraged to "stock up for the winter".

Varying Viscosity

Brocades Great Britain Ltd, point out that due to the nature of the active agent in De-Nol, it has been found that the viscosity of the product varies considerably. However, the viscosity is of no significance in terms of the therapeutic properties of the product.

Alupent expectorant

A 2 litre pack of Alupent expectorant (£10.75) is now available from Boehringer Ingelheim Ltd, Isleworth House, Great West Road, Isleworth, Middx.

Redesigned pack

A new pack design for each of the three colours in the Scottowels kitchen towels range has been introduced by the Bowater-Scott Corporation, Bowater House, Knightsbridge, London SWE. The company feel that the use of two-tone colour on the wrappers has greatly improved the white, blue and yellow towels. They also claim to have improved the softness of the brand still further since its relaunch.



New strawberry flavour

Bristol-Myers, 17 Stratford Place, London W1N 9AF, have introduced a new flavour, strawberry, for Nutrament—their nutritional liquid meal. This makes the range of flavours now available in 13 fl oz cans four altogether, the others being chocolate, cherry and vanilla. During the sell-in period, Bristol-Myers are offering an extra 5 per cent discount on normal trading terms for strawberry flavoured Nutrament.

Larger Savlon

ICI Pharmaceuticals Division at Imperial Chemical Industries House, Millbank, London, SW1, have introduced a 100 gm size of Savlon Babycare cream (£0.35).

Dibotin change

Winthrop Laboratories, Winthrop House, Surbiton-upon-Thames, Surrey have announced two changes regarding Dibotin capsules 50mg. The blue/clear capsules will carry the mark Dibotin on each half in future and, the name of the product has been changed from Dibotin sustained release capsules to Dibotin S.A.

New division formed

A new division for hair products has been formed by H. & T. Kirby & Co Ltd, at Mildenhall, Bury St. Edmunds, Suffolk since their acquisition of the Tweeda Hair products range. The Tweeda Hair beauty salon will continue to operate from 63 South Molton Street, London but all orders for these products should be sent to H. & T. Kirby.

Bonus offers

J. Pickles & Sons, Pickles House, Church Lane, Knaresborough, Yorks. Liptrex. 12 invoiced as 10 on one gross or over.

ICI Ltd, Pharmaceuticals Division, Alderley Park, Macclesfield, Cheshire—Hibitane antiseptic lozenges, tubes of 20. 39 invoiced as 36, 84 invoiced as 72 (until January 31, 1973).

S. Maw Son & Sons Ltd, Aldersgate House, New Barnet, Herts. During November and December on: Baby pants, Tufty pants, cotton tops, cotton swabs, anti-nappy rash baby cream. One-Way nappy liners, Simpla sterilising units and baby toiletry gift boxes. Details from representatives.

NEW SILVIKRIN CONDITIONING RINSE.



A Star is born.

October 15th, 1972. A star is born on television. New Silvikrin Conditioning Rinse.

We've tested the product. We've tested the pack. We've done our homework. We know Silvikrin Conditioning Rinse will sell.

So we're mounting a national TV campaign straight away with 30 second colour spots. And we'll also talk to your high-spending younger customers on Radio Luxembourg.

To make doubly sure of success we're starting off with a 4p reduction on bottles and a "buy-one-get-one-free" offer on sachets in the introductory period.

Your bonus comes in the shape of a launch offer of 13 bottles for the price of 12. Plus the huge profits assured by a long and successful run.

Silvikrin Conditioning Rinse.

A brand new addition to the all star Silvikrin cast.

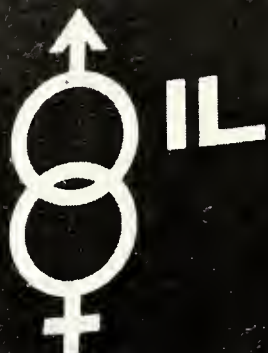
*The scent that
fascinates everyone*

MUSK OIL

*Just think
about what
it can do
for you!*

MUSK

£1.45



Long used as a basic ingredient in fine perfumes, musk is known for its long-lasting qualities.

Now Alyssa Ashley has captured the provocative quality of this scent in an appealing and contemporary concept.

Musk is turning everyone on. Don't be caught without it.

Counter merchandiser containing 12 bottles of Alyssa Ashley $\frac{1}{4}$ oz Musk Oil perfume and tester: trade price each 80p, suggested retail price £1.45: trade price per unit £9.60.

MUSK OIL

by A. Ashley

STRANGE...SEDUCTIVE...MYSTERIOUS...ALLURING...PROVOCATIVE...INTIMATE...SENSUOUS...EXCITING...RAPTUROUS...HEDONISTIC...SYBARITIC...POTENT...INTRIGUING...VOLUPTUOUS...PERSUASIVE...EROTIC...RAVISHING...IMAGINATIVE...FORMIDABLE...STRANGE...SEDUCTIVE...POTENT...



£1.45

Sales Forecast: Sunny

The Islander. An exciting new Health & Sun Lamp from Hanovia.

Discover its many attractions . . .
A choice of Infra-red or Infra-red
and Ultra-violet rays together.
A built-in Timer and Warning
Bell. An automatic Safety
Switch . . . The whole thing,
compact and portable.

For you, the important
advantage: The Islander sells
itself! The pack makes its own
stunning display,
catching the
customer with

glowing colour and appealing
information. The whole thing
demanding to be bought!

Order The Islander — your
place in the sun. Recommended
retail price £17.99. Full-colour
sales leaflets and dispenser FREE.



HANOVIA

HANOVIA LAMPS LTD.,

Bath Road, Slough, Bucks. SL1 6BL.
Tel: Burnham (06286)-4041 Telex 848123

New products and packs

Cosmetics and toiletries

Soft pastel shades

To complement the pastel shades now in fashion, Gala have introduced Baby Pastels, a range of colours for lips and eyes. Pastels for eyes consists of two sets of twin matte shadows, marshmallow and mauve and blue and green. And Pastels for lips has two new shades: Chalky Pink, a plain and bright pink and Chalky Peach, an "orangey" peach. These new shades are available in the Supersmooth lipstick range and the new Lip Pen collection (Gala of London Ltd, Surbiton, Surrey KT6 7LU).

Children's bubble bath

Morny have now introduced a bubble bath in the shape of Rubert Bear to their range of toiletries for children. Rupert bubble bath (£0.49) is presented in a 10in bottle which holds 300cc. Other items in the Rupert range include soap and talc (Morny, 17 Old Bond Street, London W1X 4AY).

Musk fragrance

Long used as a basic ingredient in many fine perfumes because of its long-lasting qualities, musk has now been launched as perfume in its own right. Musk oil (£1.45) is available in 4oz perfume spray bottles with a black and white design (Alyssa Ashley Division of Houbigant Ltd, Salbrook Road, Salfords, Redhill, Surrey).

Gifts for Christmas

Three Christmas gift sets from Outdoor Girl are Love and Kisses (£0.37), which contains a Love mini skin perfume and pink Froth frosted lipstick, a second set containing a plain lipstick and matching nail lacquer in two shadeways Fireglow and Grape Smoke/Hush Heather (£0.39) and lastly, a pearly eyelighter and toning unproof liquid mascara (£0.37) in two shadeways, Cornflower/Blue or Mulberry/Plum (£0.37) (Outdoor Girl Cosmetics, Surbiton, Surrey).

Range extended

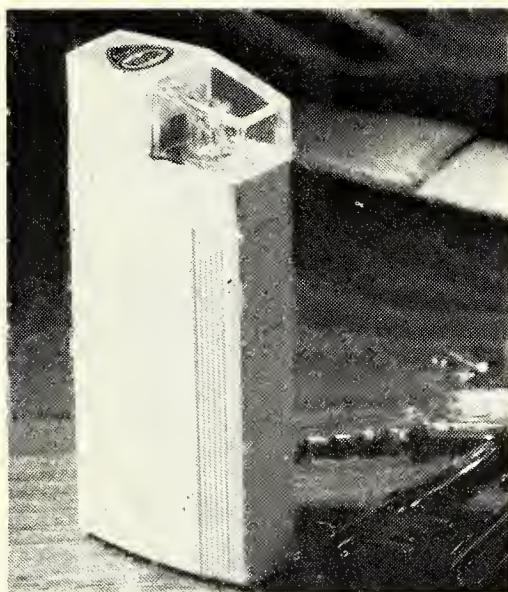
Lentheric have added Tweed Parfum de Toilette (£0.80, £1.25, £1.85) to the Tweed fragrance range. It is, they say, more long-lasting and powerful than the eau de toilette or Cologne versions (Lentheric, 17 Old Bond Street, London W1X 4AY).

Handies

Handy pocket torch

The Vidor Compact is a new featherweight pocket torch from Crompton Parkinson Ltd, a Hawker Siddeley Electric company.

Only 3½ in high, and weighing 2 oz with two Vidor SP7 batteries, this torch can be easily slipped into a handbag or pocket. It is available in four colours: blue, green,



orange and yellow and is fitted with a lens and bulb. Twelve torches, three of each colour, are supplied in a show pack, the top of which folds back to make a counter or window display (Crompton Parkinson Ltd, 50 Marefair, Northampton, NN1 1NY).

Choice of nail files

Jacquelle Sapphire nail files are available in five sizes (from £0.15p to £0.45p) with a different colour handle for each size. The files have individual cases and come complete with their own display stand which holds 12 of each size file. Individual size refills are available in packs of 12 per size (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

Skin care

Souffle cleansing cream

Skin Life Souffle cleansing cream (£2.10) from Helena Rubenstein is a biological cleanser recommended for women with dry or extra dry skins. Light and mint-tinted, this cleanser contains emollients and herbal extracts which protect the skin's moisture and retone the skin to its proper balance. (Helena Rubenstein Ltd, 31 Davies Street, London W1).

Electrical

Introduced by Ronson

The family hairstyler (£7.97) from Ronson aimed at the home hairdressing market is in ivory, with silver coloured trim. It weighs 10 oz and combines warm air brush, comb hairstyler and dryer.

Also new from Ronson is a rechargeable shaver, the RS 751 (£13.97) which features the Ronson shaving system plus an extra-



wide 36-blade cutter, stainless steel foil and Super-trim. It has cadmium cells and a newly-developed motor. Styled in dark blue, the RS 751 is available in two models: the standard model in a presentation case (£13.97) and a de-luxe version in silver-grey lined, zip-fastened pack (£15.45). Both models are supplied with a protective sleeve for carrying the shaver without its recharging unit. Deliveries of shavers to the trade commence January 1 (Ronson Products Ltd, Leatherhead, Surrey).

Over the counter medicinals

Decongestant tablets

For the relief of nasal congestion in catarrh and sinusitis is the claim made for Cabdrivers nasal decongestant tablets (£0.18). Each tablet contains paracetamol 250mgm, salicylamide 150mgm, caffeine 30mgm and phenylephrine hydrochloride 5mgm. The pack is a carton of 12 tablets (Ford Jackson & Co Ltd, Castleford).

For hospital use

Glucose tolerance test

Pal-A-Dex is a newly released product to help with the administration of glucose to a patient undergoing glucose tolerance testing. Pal-A-Dex contains glucose and a natural lemon flavour is claimed to be pleasant to take and tolerated even by fasting patients and by pregnant women. It contains no caffeine or interfering substances and is not carbonated. It is presented in packs of 12 polythene bottles, each containing exactly 100 g of glucose (£5.50 per pack). It can be stored at room temperature for an indefinite period. (Diamed diagnostics, 38 Queensland Street, Liverpool L7 3JG.)

More Christmas Gifts

1. US herbal bath in gold window box £0.47. **Johnson Wax Ltd**, Personal Care Division, Fimley Green, Surrey.

2. Badedas gift packs, 10 bath £0.96, 25 bath £2.15, 75 bath £5.25. **Cussons Sons & Co Ltd**, Kersal Vale, Manchester.

3. Elnett satin hairspray gift packs, 245g £0.72, 130g £0.50. **L'Oreal** 18 Bruton Street, London W1A 1BX.

4. Sandrine talc and mini spray £1.85, talc and perfume £1.35, talc and toilet water £2.30, perfume £2.40, £0.65. **Golden Ltd**, 18 Bruton Street, London W1A 1BX.

5. New Dew in Christmas sleeves for bath oil and foamy bath essence. **Crookes Anestan Ltd**, 1 Thane Road West, Nottingham.

6. Shower and boudoir hat with removable plastic lining £0.75. Cosmetic purse and hairbrush set £0.89. **Jackel & Co Ltd**, 56 Wigmore Street, London W1.

7. Travel jewel case by Castlecrafts £1.50. **Jackel & Co Ltd**, 56 Wigmore Street, London W1.



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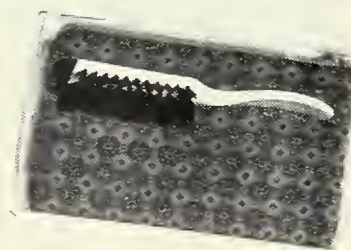
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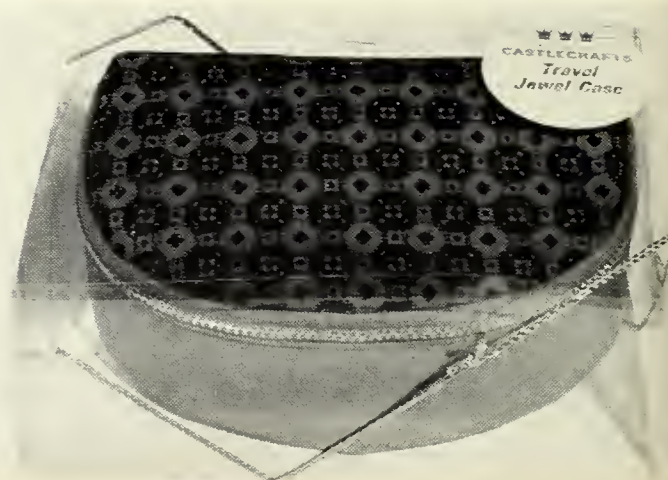
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Play Marigold

MAD MONEY

and turn your Marigold houseglove displays into cash!



The Marigold Mad Money Note can become real cash

**-when you display
Marigold
housegloves
in your store**

Marigold margins are very generous as you know – now there can be even more cash for you in an exciting and skilful competition featuring the Marigold banknote shown here. Mad Money entry forms will be distributed by our representatives until 22nd December. One entry form will be given for every dozen Marigold gloves displayed and for every two dozen ordered after our representatives visit. Entry forms should be received by 6th January 1973. Prizes will be distributed from 15th-31st January 1973. Look out for Marigold Mad Money – and cash in on your displays.

LR Industries Ltd., North Circular Road, Chingford, London E4 8QA.



The Troubleshooters

Varta – portable power houses that you and your customers can rely on. A complete range for every photographic purpose – and every other, too. Made in Germany by one of the world's largest battery makers. Whose U.K. technical sales department welcomes your queries, can solve problems for you.

Varta – the troubleshooters. For you. And for your customers.



VARTA

VARTA Batteries Ltd., Varta House,
Hanger Lane, London W5 1EH, Tel: 01-998 7551/4

Prescription specialities

Eskacef capsules and suspension

Manufacturer Smith, Kline & French Laboratories Ltd, Welwyn Garden City, Herts.

Description Orange/white capsules each containing cephadrine 250mg and orange capsules each containing cephadrine 500mg. Dry mix for reconstitution with 65 ml water to make suspension each 5ml containing cephadrine 125mg (orange flavoured) or 250mg (fruit flavoured)

Indications Treatment of infections in the genitourinary, gastrointestinal and respiratory tracts; and in skin and soft tissue infections caused by susceptible organisms

Contraindications Hypersensitivity to cephalosporins

Dosage *Adults:* For genitourinary tract infections, 500mg 4 times a day; severe or chronic infections may require larger doses. Prolonged intensive therapy is needed for complications such as prostatitis and epididymitis. For respiratory tract infections, 250mg 4 times daily. For gastrointestinal tract infection, 500mg 3 or 4 times daily

Children: 25-50mg/kg/day total given in four equally divided doses. Maximum daily dose of 4g per day

Precautions Care in patients with hypersensitivity to penicillins, renal impairment and in pregnancy

Side effects Mild gastrointestinal disturbances and, on occasion, hypersensitivity phenomena

Packs Of 20 capsules, 250mg (£2.81 trade) and 500mg (£5.53), 100 capsules, 250mg (£13.50) and 500mg (£26.65). 100ml of suspension, 125mg/5ml (£1.40) and 250mg/5ml (£2.81)

Supply restrictions TSA

Issued November 20, 1972

Corrections

Two prescription specialities in last week's issue were wrongly titled due to printing errors. They are BC 500 tablets and Fortagesic tablets.

Promotions

Media support

The current advertising campaign for Chantilly perfume includes full colour spaces in *Vogue*, *Cosmopolitan*, *Honey*, *19*, *She*, *Sunday Times* magazine and *TV Times*. Other Houbigant perfumes being promoted at present are Quelques Fleurs and Indian Summer (Houbigant Ltd, Salbrook Road, Salfords, Redhill, Surrey).

Backing for Macleans

Beecham are currently spending £160,000 on television advertising for Macleans

Freshmint toothpaste. The campaign, which started last month, consists of three 30-second commercials a week until mid-December. They are also spending £50,000 on press advertising for White Fluoride Macleans, which will include 35 whole-page colour advertisements in leading women's magazines (Beecham's toiletries division, Beecham House, Brentford, Middlesex).

Winter advertising

Lippa Newton, the agency recently appointed by Radiol Chemicals to handle the Radian-B account, has developed a new slant for the product's advertising. Radian-B is now concentrating its message on the problem and relief of the chain reaction of rheumatism. The campaign will run in newspapers, including the *Sun*, *Daily Mirror* and *TV Times* (Radiol Chemicals, Stepfield Witham, Essex).

£200,000 campaign

The first burst of the £200,000 television advertising campaign to support Alberto balsam, a new creme rinse conditioner from the Alberto-Culver company, begins on November 20. The 30-second commercial will feature a hairdresser explaining to the audience how Alberto balsam works on a woman's hair (Alberto-Culver Co, Culver House, 44 Newington Causeway, London SE1 4DX).

Alka-Seltzer and Henry VIII

Three new TV commercials are being used from November 20 to promote Alka-Seltzer. The campaign, which will be shown nationally until the end of the year, consists of one 30-second and two 7-second commercials. The theme will be Henry VIII. (Miles Laboratories Ltd, Stoke Court, Stoke Poges, Bucks).

Christmas build-up

Weil De Weil from Parfums Weil of Paris will be advertised in 28 evening newspapers throughout the UK on December 5 as part of their pre-Christmas publicity campaign. It will further be publicised in the December issues of leading magazines. Purchasers of Weil De Weil will be given a handbag size 1/4 fl oz Weil De Weil Parfum de Toilette free until Christmas (E. G. Perrot & Co Ltd, 160 Thames Road, London W4 3RG).

Shulton's Christmas plans

The biggest ever television campaign for Old Spice broke on all stations this week and will continue over the entire network until Christmas. Shulton are spending £200,000 which includes a 30-second spot using the theme of the sea and the slogan "Old Spice—the mark of a man", plus 7-second spots featuring the gift packs. (Shulton G.B. Ltd, 100 Brompton Road, London SW3).

Hairdressings packaging

All three products in the new Vaseline men's hairdressings range are packed in deep blue containers with red and white lettering. The hair tonic bottle is a curved shape with a grooved cap for easy holding while the hairspray and conditioner is in a blue aerosol pack and the hair cream and conditioner is packed in a plastic tub-



type container with inner drip tray.

Two counter units, a dump bin, crowners for each product, window stickers, shelf talkers, printed sellotape and a Vaseline hairdressings showcard are all available. A trade pack containing eight of each size hair cream, six 50cc hair tonics and ten 100cc hair tonics plus six hairsprays will be made available in December.

Advertisements for the range will appear from January until March in the *Daily Mirror*, the *Sun* and the *Sunday People* as well as *Reveille*, *Weekend* and the *Readers Digest*. The company are also planning to give away 4½ million 5p off coupons in the Autumn issue of *Drive* magazine (Chesebrough-Pond's Ltd, Victoria Road, London NW10).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Gramplan; E = Eireann; CI = Channel Islands.

Alka-Seltzer: All areas

Alpine Spring (bath additive): So

Askit powders: Sc

Beecham's powders: All except E

Tom Caxton home brew: All except Sc, U, G

Close up: All except E

Faberge: Ln, M, Lc, WW, So, A, We

Falcon: Ln, M, A

Lux soap: All except E

Menthalin: All except E

Old Spice: All areas

Oriental Spice: So

Philips-Philishave: All except E, CI

Remington shavers: All except E

Signal: All except WW, E

SR: All except E

Sunsilk hairspray: All except E

Sunsilk shampoo: All except E

Three Wishes: All except E

Venos cold remedy: All except E

Venos cough mixture: All except E

Viking Brews: M, Y, Sc, WW, So, NE, We



When your customers take the waters you take the profit.

With the current interest in health foods it makes even more sense to stock a complete range of natural mineral waters.

Your customers can find the water they prefer, and you make more profit.

Vichy Celestines: Vichy water is renowned as an aid to digestion and treatment of disorders of the biliary tract. Its pleasant taste makes it an ideal table water.

Contrexeville: Contrexeville has remarkable diuretic properties due to a very high calcium sulphate content. Its action assists in purifying the bloodstream, and so helps to ease the ill effects of rich and fatty foods.

Evian: From the French bank of Lake Geneva – a still water of complete purity, widely used for mixing baby foods.

Spa: A pure, still table water from Belgium and comes in a giant 1½ litre bottle. It is the spring water with the lowest salt content, thus making it ideal for salt-free diets.

Four great names, all of them available from Schweppes (Agencies).

For further information give John Bird a ring on 01-720 3245

SCHWEPPE (AGENCIES) LTD.,
Silverthorne Road, South Lambeth, London, S.W.8.

Schweppes (Agencies) Ltd., for waters of taste.

INTO EUROPE

AGREED COLOURS FOR COSMETICS

by Dr Goswin W. van Ham, research and development, Margaret Astor AG/Beecham European division*.

With the United Kingdom's decision to join the Common Market as a full member, new opportunities in business expansion in the cosmetic field will open up.

To be able to fully profit from this new situation, it is necessary to be familiar with the legal aspects governing product composition. In cosmetics, for instance, colour is one of the most important ingredients, therefore knowledge of the main regulations ruling in this field in Europe must be considered a vital part of any strategy designed for future expansion.

This paper does not dwell too much on the historical, judicial or philosophic background of the various colour regulations in different countries, but intends to give practical information, arising from the obligation to apply and consider national and supranational European laws in cosmetic research and development work.

In the cosmetic field practically all countries regulate the use of colour by law. With one exception the principle of positive lists is always preferred, that is to say lists which state what is permitted rather than naming the forbidden materials.

The basis for classifying dyestuffs however varies from country to country, as demonstrated in the accompanying chart.

A German law of 1887 called *Farbengesetz* (i) regulates the use of inorganic metal-derived pigments, either for colouring or for use as active ingredients in cosmetics. This law is still in force; it is a typical negative list, stating which colours are forbidden.

The modern German *Farbstoffverordnung*

(2) of 1959 regulates the use of all kinds of substances for colouring foods in a positive list. These food colours are generally permitted also in cosmetics, in other words the colorants are defined by the finished product (for example food) into which they enter.

The third report on colours for cosmetics—*Mitteilung III* (3)—published by the Dyestuff Commission of the German Research Association is a positive list also, but contrary to the legal regulation mentioned above, it is a very comprehensive list of various dyes recommended for use in cosmetics by a large group of experts like independent medical and chemical research workers from university and industry. Here distinction is made by area of application and present state of toxicological and chemical knowledge.

The third report recognises three classes of colours, C-colours to be used in all cosmetic preparations including application near the eye, on the lips or mucosa, also inside the mouth. C-ext-colours for external use on the skin and C-WR-colours which are external colours to remain only temporarily on the skin (for example in shampoos or soaps).

The list is revised and extended following regular yearly meetings of the Dyestuff Commission. Additives made as a result of the meetings have been certain United States permitted colours. Germany believes this type of open-positive recommendation are the best approach to regulating the cosmetic colours.

In the meantime, Yugoslavia intends to

make the dyes of *Mitteilung III* part of its new cosmetic colour laws, of which "proposals for controlling cosmetic products" (4) were recently published.

In the US perfectionism seems to have reached its peak since each batch of cosmetic colours has to be approved and certified by the Food and Drug Administration. Among other factors "certification" requires filing of a petition for provisional listing as a colour additive (5), originally defined as a coal tar colour. So here the chemical source from which the colour was historically manufactured, has entered as a new method of definition. Furthermore, non-certified or non coal tar colours are legally regulated and used, including such different substances as bronze powder and natural pearl essence, chlorophyll and carbon black, dihydroxyacetone and silk powder.

While the Netherlands permit among others, inorganic and organic pigments defined by the solubility (6), Switzerland (7) has chosen as a prerequisite for use the registration at its Federal Health Office.

European proposals

Plans for the harmonisation of legislation within the European Community have included recommendations on the use of colours, *Supplement III* and *IV* of the directive prepared by a working group of the Commission form the basis of the proposed European Regulation (8). The contents seem to be at least workable for the cosmetic industry.

The proposals for regulating cosmetic colourants are restrictive to those dyestuffs which come into contact with mucous membranes (C-colours, for example, for use in lipsticks, toothpaste, eye make up, intimate spray, etc.). The list of permitted colours is extensive, comprising about 80 different dyestuffs, among them about 50 in red, yellow and orange shades. In *Supplement IV*, there are about 30 more dyes provisionally listed for a period of use not extending over three years. After that time the cosmetic industry must present data concerning the need for and the physiological safety of such substances.

It seems there are three extensive legally

Country	Authority	Type	Definition	List
Germany	Farbengesetz 1887	inorganic, metal-derived pigments	chemically	negative
Germany	Farbstoffverordnung 1959	food colours	by finished product	positive
Germany	Third Report 1971	cosmetic dyestuffs	by area of application, toxicity, etc.	positive
Yugoslavia	(Control Proposal) 1970/71	C colours—general use C ext colours—external use C WR colours—temporary use (ext.)		
United States	Colour Additives Act 1938/1960	certified colours—coaltar Non-certified colours FDC-DC cosmetic general Ext DC external use	by chemical source, intended use by administrative qualification	positive
Netherlands	Cosmetica Besluit 1968	insoluble pigments	by special chemical property	positive
Switzerland	Eidgen. Verfügung 1967	cosmetic colourants	by administrative qualification	positive
EEC	Supplement III 1971	cosmetic colours near mucosa	by area of application	positive
EEC	Supplement IV 1971	Cosmetic colours permitted temporarily	by duration of permission	positive

*Abridged text of a paper presented to the Cosmetic Executives' Club. Eurocosmetic Conference London, September 19

relevant colour listings of special importance:

- ☐ Supplement III and IV of the proposed EEC regulations;
- ☐ Certified and non-certified US cosmetic colour additives;
- ☐ *Mitteilung III* of the German Dyestuff Committee;

Unfortunately, at present this is not sufficient. The European regulations are proposals which are not yet accepted by the European Council of the Ministers, let alone accepted or signed into law by the various national governments. In the meantime the draft directive has been submitted to the EEC Commission and was published as such last month. If accepted by the Council the proposed laws will be handed over to the different national governments to ponder and decide on them, which certainly will take a long time.

Situation in Germany

The present German situation seems somewhat symptomatic of the whole situation. Besides two clearly defined laws on dyes the *Farbengesetz*, (1) and the *Farbstoffverordnung* (2), the government food and

cosmetics control agencies and laboratories use the information and data laid down in *Mitteilung III* as a basis for judging the acceptability of the colours in the various cosmetic preparations. *Mitteilung III*, however, is not law and not even an official government publication, but the defined and expressed opinion of acknowledged experts about the safety of certain dyes. This means that it is up to the cosmetic manufacturer to use other substances so long as he can prove their safety. This can be done, for example, with a BIBRA report or a US petition. However, this situation is unsatisfactory, because it is impossible to know beforehand how the existing data will be regarded by the authorities.

In order to end this uncertainty, and while still co-operating with the EEC, the German Government is preparing its own national cosmetic law (9) under which the colours will also be regulated by a positive list. It seems that the colourful picture of cosmetic colorants takes on a rather dull and grey hue through the looking glass of the legal documentation.

The proposed EEC regulations, however, give a hopeful outlook as Professor Druckrey of the German Dyestuff Commission has put it—"that the international

harmonisation in the evaluating of cosmetic dyes and the preparation of international general principles becomes a desirable aim for all industrialised nations." (10)

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8. Supplement III and IV of the draft directive concerning the harmonization of legislation of the member states, relating to cosmetic preparations, European communities commission III, 2255, 71-D, Brussels, Dez. 28.1971.
9. Entwurf eines Gesetzes zur Neuordnung und Bereinigung des Rechts im Verkehr mit Lebensmitteln, Tabakerzeugnissen, kosmetischen Mitteln und sonstigen Bedarfsgegenständen; Deutsche Bundestagsdrucksache VI, 231o vom 15.6.1971, Bonn (Referententwurf).
10. Professor H. Druckrey, Farbstoffkommission 26. Arbeitstagung Freiburg Okt. 1971, Protokoll Seite 33.

Tributes to Denver Rees on retiring

Mr Denver Leigh Rees, FPS, branch manager at the Vestric branch at Hafod, Swansea, has retired after 37 years' service with Vestric and Evans Medical Ltd in Liverpool and Swansea.

At a party to mark his retirement, Mr Rees was presented with a silver salver and an onyx cigarette box and ash tray on behalf of the company and staff, by Mr W. A. Kinnear (managing director). Paying tribute to the "tremendous reputation" that Mr Rees had established during an outstanding career, Mr Kinnear said this had continued to grow during the past six years when Mr Rees had been manager at Vestric, Swansea, in his native South Wales.

Efforts for branch

Mr Kinnear said that Mr Rees would be remembered by many in the Pharmaceutical Society for his work for the Society, particularly for the Liverpool Branch when, during his term as secretary, the Pharmaceutical Conference was held in Liverpool. His contribution over many years to the Society had been recognised last year when he was awarded the Fellowship of the Society.

Mr R. L. Penhallurick, deputy chief pharmacist, Morriston Hospital and chairman of the Swansea and West Glamorgan Branch, Pharmaceutical Society then presented Mr Rees with a table lighter on behalf of the officers and members of the



Mr Rees, second from right, receiving one of the gifts presented on behalf of Vestric and staff. Making the presentation is Mr D. W. Stainton, who has succeeded Mr Rees as branch manager, Vestric, Swansea. Also in the picture is Mrs Rees and Mr D. L. Taylor, branch manager, Rowland James branch of Vestric, Cardiff

local branch. Mr Penhallurick also paid tribute to Denver's great service to the profession, and said that he had known him as a colleague at Evans Medical, had then worked with him at Vestric and more recently found himself in the position of being a customer. In all three roles he had found him to be charming, efficient and always helpful.

In his thanks Mr Rees said he was looking forward to the relaxation and contentment of retirement, but he would greatly miss his day-to-day work and the happy associations built up over the years with his many pharmacist friends.

Vestric's staff at Swansea had their chance to say farewell to Mr Rees recently when they attended a dinner and dance. Two of the junior staff presented a silver gallery tray to Mr Rees and a bouquet to

Mrs Rees on behalf of the Swansea staff.

Assistant branch manager, Mr A. C. Curnock welcomed the guests. Among the speakers were Mr M. Davies, area organiser of USDAW and Mr C. Morgan, a Vestric representative.

Training

Mr Rees studied at Swansea School of Pharmacy before taking up his first position in retail pharmacy in 1929 working for the Swansea company J. T. Davies.

He joined Evans Medical Ltd in 1935 at the Liverpool headquarters and during his stay in Liverpool held the positions of secretary and treasurer of the Liverpool Branch of the Society and with the Liverpool Chemists' Association. He was chairman of that branch and president of the Association.

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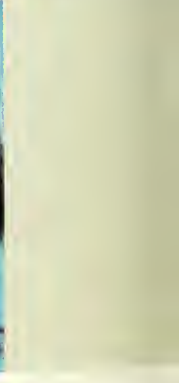
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Comment

VAT about turn

When rejection had followed rejection and all efforts at avoiding an injustice had apparently failed, the Chancellor of the Exchequer relented—or was converted—and the reasonable request that the Government should refund purchase tax paid on goods in stock when VAT is introduced has now been agreed. That achievement is largely due to the persistence of those who represent retailers and especially those who have spoken on behalf of pharmacists in general practice. They have repeatedly asked the authorities to reconsider their original attitude and continued to do so when others had given up. Yes, Mallinson House can rightly claim much credit for the Chancellor's conversion.

How is this new approach likely to affect chemists?

On the broad front it is likely to make more traders who were in the lower turnover bracket reconsider whether to register with the Customs and Excise, especially if they deal in goods that are subject to purchase tax. Non-registration, allowable if receipts are less than £5,000 a year, could carry the penalty of non-reimbursement of purchase tax paid on stock held at the changeover date, and the disadvantage of being unable to offset VAT paid on goods and services against sales.

On the other hand, those who do not register are not required to adopt special book-keeping methods.

The new opportunity of being reimbursed for their purchase-tax paid stocks could well increase the numbers who now wish to register and add to the Customs and Excise burden.

Pharmacists should therefore make sure that they do not delay their registration applications. In fact some Custom and Excise officials have suggested that pharmacists should not wait until "their alphabet" is due but that they should ignore announcements and register immediately.

Harmony

The report by a pharmacist in the Republic of Ireland on the first impressions of the working of VAT in that country (see page 779) makes instructive reading for the British pharmacist.

Although there are important differences in the method of application of the new tax there are common denominators, and with the advent of the UK and the Republic becoming members of the EEC at the same time, it must be important to consult and "harmonise" regulations wherever possible.

One of several important differences between the British and Irish taxes is the level of turnover above which a business must register. In Britain, it is £5,000 a year while in the Republic, it is £10,000. The Pharmaceutical Society of Ireland, on behalf of its members has been pressing for the ceiling to be raised for pharmacies.

Behind that request is the fact that so many of the pharmacies are small one-man businesses with no hope of economically employing the clerical staff necessary to deal with the extra paper-work the tax will involve. Otherwise it will inevitably be to the detriment of the

public and to the pharmaceutical service provided. It seems, says our correspondent, there may be good hopes that the Government will agree to the chemists' suggestion and if so it could be unique in giving special government recognition to pharmacy.

The position in Britain is different. The regulations are so framed that it makes it almost imperative to register otherwise, as mentioned above, there will be no rebate on purchase tax paid on stock held at the start of VAT. Nor will those not registered be able to claim for the tax paid on all the goods and services making up his NHS business which, unlike the Irish counterpart, is zero-rated.

Training imbalance

To members of other professions, the way in which pharmaceutical students choose to be distributed in the different sections of pharmacy to undertake their preregistration training is a strange phenomenon.

Pharmacists are so familiar with the situation it merely provokes just passing acknowledgement, yet is there another profession that mutely accepts a situation where a large proportion of its future members are trained by just one company?

This year, of the estimated 730 students emerging from the schools of pharmacy, over 250 are participating in the training scheme arranged by the Boots organisation. Only about 10 per cent of the schools output are training in independent retail pharmacies, the remainder obviously will spend their year in hospital pharmacy, the schools or in industry and some will decide against tackling a preregistration year.

After consternation about the postgraduate year some three years ago the Pharmaceutical Society subsequently amended the by-laws to ensure that all those entering the Register have done at least six months training in hospital or retail pharmacy. Although this now ensures that a person legally in charge of a registered pharmacy will have some related experience during his training year the move has also provoked discontent in the pharmaceutical industry with companies saying they are losing applicants because of this statutory six-months "elsewhere". Some enlightened companies have now made exchange arrangements with hospital groups.

But generally a disproportionate situation persists with the numbers training in the different environments bearing little relationship to the number of pharmacists in those branches. The question no one has answered is does this state of affairs adversely affect the profession? It must and it would be more satisfactory if a more balanced situation existed. This is not to criticise the training provided by the Boots organisation in fact that should be praised. It has been a "sheet anchor" for the profession over a number of years.

In our columns one retailer has shown (p785) that the preregistration year yields advantages to the trainee and those who train. Others should act.

Letters

On paper and checks

When, some twenty-four years ago, the initial thrill/relief combination of becoming a member of the Pharmaceutical Society of Great Britain, abated, I did not have in my then wholly pharmaceutical thoughts, the tedious boredom of form filling at its present level. Apprenticeship had been well and truly served, the Society's examinations passed, and I started business with the aim in mind basically of dispensing medicines, and selling medicines with the benefit of the customer paramount.

At the inception of the NHS, the powers that were, took it for granted that any pharmacist's stock (paid for), would be immediately available to fill NHS scripts, and the pharmacists were paid on an average system, with any over payment fast recoverable, should any trace of the odd Lsd be noticed. Dead stock was of course forgotten, just as now it is forgotten to be remembered.

Why should we, or any other independent small retailers, be bedevilled with forms, Census of Retail Distribution, VAT, Customs & Excise, DDA checks, Weights & Measures, and so on, *ad infinitum*.

Keeping an eye on outdated stock, meticulously numbering EC10's and ensuring their arrival at the Pricing Bureau by the due date would surely satisfy those who seem to revel ridiculously in red tape; but alas we fill in more forms, and await the return of a document with the odd somewhat unnecessary red ball-point asterisks and what have you. Any ideas?

A. GOW,
Fortrose, Ross-shire.

NHS superannuation

As a General Whitley Council representative of Committee C of the Pharmaceutical Whitley Council and a member of the Joint Superannuation Consultative Committee, I have had many enquiries from hospital pharmacists requesting particulars of the new National Health Service Superannuation Scheme. It would be helpful if you would publish a statement on the lines of the enclosed copy as this will answer some of the questions put to me.

C. H. Preston Robinson
5 West Hill,
Mansfield, Notts

The Government Command Paper, No. 4755, entitled Strategy for Pensions issued August 1971 gave an outline of a State Superannuation Scheme which will come into operation on April 1, 1975. When this scheme comes into operation the present Graduated Pension Scheme will be discontinued, credit being given for any

contributions paid into the Graduated Pension Scheme in the form of increased entitlement under the State Pension Scheme on retirement.

For the past twelve months, discussions have been taking place within the Joint Consultative Committee in order to bring the benefits of the NHS and local government schemes beyond the minimum requirements necessary for recognition. As a consequence of these discussions amendments to the National Health Service Regulations, 1961 are to be introduced.

The proposed improvements to the National Health Service Superannuation scheme were spelt out by Sir Keith Joseph in Parliament. They were as follows:

- ☐ Reduction of the qualifying period from 10 years to 5 years;
- ☐ Basing of benefits on final year's pay;
- ☐ Reckoning of service in years and days;
- ☐ Enhanced accrual rates for those who are forced to retire prematurely because of permanent ill-health;
- ☐ Half-rate widows' pensions;
- ☐ Higher rates of children's allowances;
- ☐ Immediate death cover on joining the scheme;
- ☐ Preserved benefits—with guaranteed inflation proofing—for persons leaving after 5 years' service payable at age 60;
- ☐ Extension of facilities for transferring pension rights on change of employment;
- ☐ Some relaxation of the rules governing the abatement of pension on re-employment;
- ☐ Extension of superannuation cover to certain part-time staff on an optional basis;
- ☐ A facility for purchasing added years by late entrants.

Contributions

The Staff Side of the Superannuation Review Body whilst welcoming the much improved benefits were then faced with a decision of the Health Departments that the benefits could not be given without a contribution increase of $\frac{3}{4}$ per cent a side. The Staff Side opposed this increase and was told by the employer's representatives that the talks on the entire package deal would be dropped if the planned $\frac{3}{4}$ per cent rise in contributions were rejected. Eventually, the scheme was accepted subject to the following proviso:

"That it was agreed that when the results of the investigations of the Scheme as at March 31, 1969 were available, the Joint Superannuation Committee, together with the Government Actuary (or his representative) and an actuary nominated by the Staff Side, should examine the position in detail to establish whether the contribution rate of $6\frac{3}{4}$ per cent for non-manual employees ($5\frac{3}{4}$ per cent for manual employees) should be maintained or reduced."

The increased contribution rate became effective on October 1, 1972.

Some of the improvements are subject to retrospective application as follows:

- ☐ The changes in the basis of assessing retirement and incapacity benefits will be applied retrospectively to those who have retired on or after March 25, 1972.
- ☐ Consideration of the method of providing some form of back-service credit for the half-rate widow's pension has been deferred until the report of the

Government Actuary is available. When agreement is reached then this agreement will be applied retrospectively to the widows of all those who have retired or died in service on or after March 25, 1972. Similarly the improved children's allowance will also be retrospective to March 25, 1972.

- ☐ The increased contribution will have effect from October 1, 1972 and the other improvements to the scheme will be effective retrospectively from October 1, 1972.
- ☐ The only exception to the arrangement outlined in (c) is that because of the complications involved in introducing pensions for part-time employees to whom the scheme is to be extended on an optional basis it will not be possible to bring this recommendation into effect before April 1, 1973.

In the report of the Joint Superannuation Consultative Committee dated April 7, 1972 it was stated that the changes proposed in the report applied to members of the main NHS Scheme. The report then stated: The report of the Superannuation Scheme Changes and Optants has just been received and is now being studied by the staff side.

Oral syrups

I have just read the Xrayser column, Topical Reflections, and will endorse the fact that it is a simple matter to formulate an oral syrup so that an addition of a conveniently measured amount of water is required.

Although now engaged in retail pharmacy I was until a year ago involved in formulations of various syrups with a large pharmaceutical firm. You will probably appreciate that it is not always possible to formulate an antibiotic into a ready-prepared, palatable product which is viable for a reasonable period of time. Problems are immense to stabilise some products for even six months—which is not a reasonable shelf life.

The dry granule formulation is therefore a much more stable presentation, in which it is also easier to produce a palatable result. As every pharmacist must know though, the basis of these granules is sugar, and I can assure you that very little change in the preferred taste of a product is going to be caused by the subtraction of those extra few grammes of sugar which will mean that a conveniently measurable amount of water can be added.

While bragging that my old firm's syrups were all formulated so as to require the addition of 60mls of water, I do complain as a dispenser, that this figure is not clearly indicated.

Sylvia C. M. Harris
Richmond, Surrey

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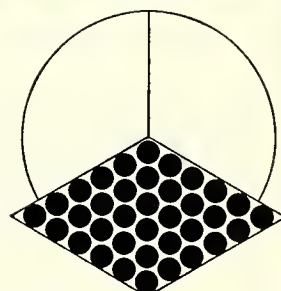
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Pharmacists' experience of value added tax in Eire

by M. F. Walsh, MPS

Value added tax for pharmacists in community practice in the Irish Republic arrived on November 1. While it is far too soon to assess its effect on the practice of pharmacy, there is little doubt in the minds of those of us that have examined its implications, that it will be far reaching—and even traumatic—for many pharmacists. And this was borne out by the early reaction of a number of pharmacists with whom I discussed it; they all displayed an air of shock—almost of dismay—at the complexities of the operation and the additional (unpaid) administration and book-keeping inevitable for the average one-man pharmacy which amount to about 83 per cent of all pharmacies in the Republic (as against 39 per cent in the UK).

The introduction of this tax in Eire is in the opinion of many, of a far more serious import than the advent of decentralisation, for after all, the latter was more a mechanical change while VAT affects the whole system of pharmacy accounting as well and, as I hope to show, calls into question the whole attitude of Government towards the profession of pharmacy.

Question of public interest

Could the public interest suffer as a result of asking a pharmacist to spend far more and more of his time on administration and book-keeping rather than leaving him free to his professional and statutory duties?

It was largely because of this serious misgiving, as to how the time of a pharmacist in his practice should be spent, that I think, impelled the council of the Pharmaceutical Society of Ireland, recently to take up the matter with the Government. Mr R. J. Power, who is president of the Society, wrote to the Minister of Finance (*C&D*, September 30, p481) as follows: "I am very concerned that the application of VAT will adversely affect the professional functions of the pharmaceutical chemists keeping open shop for the dispensing of prescriptions and the sale of poisons, because these activities require, *inter alia*, the recording of transactions and the retaining of documents on an extensive scale, etc."

He added "apart from statutory obligations, pharmaceutical chemists have an ethical duty to protect the public from excessive self-medication and the dangers of drug misuse and generally to exercise a watch-dog function in all aspects of quality and safety of drugs and medicines. The president asked the Minister, that having regard to manifold duties for the public interest which the pharmacist must perform and which did not confer on him any economic reward, would he consider very seriously making some special concession to pharmacists, without detrimental effect on the revenue. Such a concession,

it is now suggested might be to raise the ceiling of "turnover" below which pharmacists need not register at all.

It is understood that from the Minister's reply that this initiative from the Society that some recognition of the pharmacist's vital role in the Health Services of the State, may have succeeded. If it has, it will have been the first time that any special recognition to pharmacy was given by Eire Government. Perhaps we have in this initiative too, the possibility that our colleagues in the United Kingdom might pursue a similar line of thought and action in the application of the tax to pharmacy before it becomes effective in April 1973. Could we look forward to a unified professional approach to this and other problems in the broader context of pharmacy in the EEC? "Tis a consummation devoutly to be wish'd."

The 'VAT' as it applies in the Republic can be briefly described as follows. The pharmacist must charge his patients and clients the tax on anything he supplies to them, whether it be a prescription, a medicine, etc. at 5.26 per cent; and he must charge a tax of 16.37 per cent on other items (cosmetics, etc.) supplied by him in like manner.

From the tax collected he is allowed the VAT he himself has paid on most of the items and services he has purchased.

Many anomalies in its application are already becoming evident—indeed the definition of a "medicine" was far from satisfactory being defined as including "all medicines consumed orally and all medical substances for injection. It does include liniments, ointments, etc. but what about suppositories? It appears that the definition of a medicine incorporated in the (British) Medicines Act was unacceptable to the Authorities—it was too broad, it was alleged.

Some of the anomalies above-mentioned were that items not previously subject to the old wholesale tax are NOW subject to the higher (16.37 per cent) rate. They include antiseptics (Savlon, Dettol, T.C.P., Milton); disinfectants (Jeyes fluid); insecticides and rodenticides—has it come a luxury to rid the country of rats?—Also changed at the higher rate are medicated soaps, baby creams, paper handkerchiefs, face cloths, domestic pet foods, etc.

Veterinary products that were previously free of all taxes, under the old turn-over tax, are now subject to VAT at 5.26 per cent. Zero rated are feeding stuffs, compound feeding stuffs, mineral mixtures and fertilisers packed if supplied in units of 10kg.

Options for registration:

The average pharmacy will be obliged to register if its receipts are greater than

£1,000 per month for any taxable period of two months. That is equivalent to £12,000 a year.

Any concession to pharmacy in the matter of annual receipts by raising the ceiling below which it would not be necessary to register is still said to be the best option for pharmacy.

I believe all preparations and drugs purchased rather than dispensed should NOT be included in the new VAT regulations.

There is still much argument about the relative merits of registering or not. Provided one has the option and this is something each pharmacist must decide for himself or herself. One great advantage of not being registered is that there is then no real responsibility to keep records, as I interpret the regulations; and having regard to the cost and time-consuming nature of that involvement many would, if they had the choice opt *not* to register. One local management expert has given it as his opinion that if a pharmacist has receipts of £2,000 or more per month he will need *also* to have a full-time book-keeper; a "luxury" few pharmacists afford. On the other hand Mr K. R. Rutter (*C&D*, November 4, p682) has said VAT has a number of advantages for the pharmacist in the UK which would be denied to him if he was un-registered, viz. he can claim rebates of tax already paid and if he decided to expand his practice he would be entitled to other rebates for work done (lighting, etc).

Summary

I hope it will be seen from my first impressions that the advent of VAT to the Republic of Ireland will have in the long-term a fairly significant effect on the practice of pharmacy; and such an effect will be more serious for the small pharmacy, which despite any special concession may still have to register under the present tax regulations. For the pharmacist who has previously had no detailed accountancy system in his practice it is especially onerous. The Pharmaceutical Society of Ireland although itself not directly involved, has taken steps to try and get some concessions for the pharmacist primarily in the public interest. It is hoped that our colleagues in the United Kingdom might take note of these developments and representations and even find it possible to benefit from them.

'Illegibility unpardonable'

If doctors knew that all illegible prescriptions were automatically referred to the local executive committee for action, and that some form of penalty would automatically follow, the consequences might be dramatic, suggests this month's *Practitioner*.

Old jokes about the illegibility of doctors' handwriting have assumed a sinister aspect since the introduction of so many potent drugs, the editorial maintains. "Yet the only people who are interested enough to protest about the dangers involved are pharmacists."

A worried pharmacist submitted a prescription to the publication, which is described as "utterly illegible".

NOTTINGHAM'S OLDEST PHARMACY CLOSES

Last month, FitzHugh and Carr, chemists, Nottingham closed their premises where the local citizens had been served for over three centuries. It was the last privately owned pharmacy left in the city centre. The property is due for demolition, thus one more historic pharmacy disappears although fortunately in this instance, not without trace.

Records of the pharmacy are preserved from 1820, when it was owned by one of Nottingham's illustrious public figures, Alderman FitzHugh, lord mayor of Nottingham, whose name is linked with many of Nottingham's charitable, educational and cultural events.

In pharmacy there is the FitzHugh prize given at the university; a legacy to the local branch of the Pharmaceutical Society and the beautiful gold chain of office donated by Miss FitzHugh, in memory of her father and to commemorate his services to his profession.

The pharmacy was built on the site of old dungeons attached to a jail house, complete with stabling and a network of underground passages. Its fascinating history covers over three centuries, with occupants from brothers to brothers. Prior to 1820 the premises were held by Williams and Williams, then Williams and FitzHugh. FitzHugh continued alone for a time before the business became FitzHugh and Carr. The final owners were George E. F. Burr and Mary A. Burr (a member of the Society's Council).

Old records

The old records and prescription books are in a remarkably good state of preservation. They contain an interesting collection of prescriptions written by eminent doctors of the day. The nostrums, "patents" and specialities of the pharmacy had not only a local, but worldwide popularity. Cedrol was exported extensively to Africa, whooping powder taken on a silver threepenny bit with a teaspoonful only of milk, Pectoral linctus. Fancotussin are but a few examples of prescribing and counter prescribing of the day.

The pharmacy with its magnificent mahogany fittings, crown glass, white and gold pillars, priceless carboys, shop rounds and unique brass fascia were considered part of Nottingham's heritage. The owners and staff were proud to maintain the pharmacy in an immaculate state and gained the admiration not only of the local clientele, but many foreign visitors to the city.

It is fitting that the director of the city's Castle Museum has acquired the pharmacy fittings and equipment in order to reconstruct the old pharmacy within the castle. When completed this should be of great attraction to the visitors interested in pharmaceutical history, especially those



Many changes have taken place in the appearance of the pharmacy inside and out during its long history. The pictures here shown were taken during the last weeks of its life.



attending the 1974 British Pharmaceutical Conference. Yet the real and lasting interest must be to the public it served throughout the many years.

So much is written today of public relations and welfare services, but the selfless, personal and individual service of

which this pharmacy was typical has proved in the passage of time, to reap the greatest satisfaction and appreciation from those to whom the services were rendered.

The exhibit should provide a lasting reminder of those times and services.

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Hospital pharmacy forum

by a hospital pharmacist

Round the clock service

The possibly greater co-operation between general practice and hospital pharmacists, which was examined at the second professional session of the Keele Conference, left at least one member of the audience with the impression that some of the platform speakers had accepted invitations to present papers and then, when it was too late, found that they had little enthusiasm for their subject.

With one or two notable exceptions most of them were content to paint rosy pictures of what might be possible at some unspecified time in the future if and when certain hoped for reforms had taken place, eg when NHS patients registered with a pharmacist as they now do with a doctor. In consequence there was no real sense of urgency about the proceedings and in all probability most of those who took part will have forgotten all about it before these words appear in print.

Woolly thinking

The discussion on the provision of a round-the-clock pharmaceutical service revealed some particularly woolly thinking. One difficulty was the obvious confusion about the meaning of the term "pharmaceutical service". Those who put the general practice point of view tended to assume that the term was synonymous with a dispensing service and in consequence they confined themselves to possible ways and means to ensure that patients with prescriptions marked "urgent" by the doctor could get their medicines without undue delay at any time of the day or night. So far as one is aware there is no real demand for such a service either from doctors or their patients. By far the majority of the advocates of a round-the-clock dispensing service are pharmacists and for that reason the Department of Health, which will have to find the money to pay for it, is likely to harbour suspicions about their motives.

It cannot, of course, be denied that patients often find themselves in urgent need of treatment outside normal hours. We need not concern ourselves here with those who cannot sleep because of a bad cough and not wishing to disturb the doctor, would welcome an all-night pharmacy reasonably near at hand. If there was a demand for such a service, a free enterprise economy would have no difficulty in providing it, but when it came to the crunch we should probably find that most people would put up with their coughs rather than pay three or four times the day-time price for their bottle of cough mixture.

We are concerned here mainly with the patient who finds it necessary to call in a doctor outside normal business hours. In a real emergency the latter will almost cer-

tainly administer a suitable drug from the stock which he carries for use in such cases and which, incidentally, he is paid to carry. It is therefore most unlikely that the Department of Health would be willing to pay the pharmacist as well.

If pharmacists could argue that their professional expertise was needed, things might be rather different but in this day and age no pharmaceutical company would contemplate for one moment marketing a product for which the skilled intervention of a pharmacist was necessary before it could be administered to the patient. Much ingenuity goes into the formulation of medicines just in order to ensure that they can be issued in their final dosage forms and so obviate the need for pharmaceutical expertise.

The pharmacist who provided a round-the-clock service would therefore find that for most of the time he was occupied in taking the product ordered on the prescription from a shelf, all too often in the original sealed container in which it was issued by the manufacturer, and handing it over to the patient, or perhaps in some cases to the doctor. To keep a university graduate on duty all night simply to perform such trivial tasks would be difficult indeed to justify, and before very long even pharmacists themselves would begin to question the validity of the exercise.

Taking all things into account a round-the-clock dispensing service, except perhaps in a few very densely populated cities, could not be justified economically, especially when doctors are already paid to "dispense" and administer most of the drugs likely to be needed in emergency situations.

No demand

So far as the hospital service is concerned, there is virtually no demand at all for a round-the-clock dispensing service, even from pharmacists. In the majority of acute hospitals in England and Wales it has long been the custom for each ward sister to keep in stock a representative selection of pharmaceutical preparations which experience has shown are likely to be required in an emergency. The ward drug cupboard can therefore be likened to the general practitioner's bag and, for reasons given earlier, the specialist help of a pharmacist to prepare the drug for administration to the patient is rarely, if ever, necessary. Moreover there can be very few large general hospitals which are not in a position to obtain the services of a member of the pharmaceutical staff at short notice whenever his specialist knowledge is required in an emergency.

On the other hand it is possible to make out a good case for a round-the-clock pharmaceutical service in the larger acute general hospitals. In all probability this

could best be achieved by the inclusion of a pharmacist, or possibly a pre-registration student on the resident staff.

The resident pharmacist should live, eat and drink with his medical colleagues and like them he should be called from his bed whenever pharmaceutical advice was thought necessary. There should be no question of manning the pharmacy on a round-the-clock basis and for that reason it is not easy to see how hospitals can ever offer facilities for dispensing National Health Service prescriptions outside normal business hours.

A pre-registration student pharmacist occupying a resident post would need to have telephone access to his more senior colleagues for use whenever he encountered a problem beyond his competence. The very large majority of his fellow residents would be pre-registration medical students who were in much the same position. They, however, will have had the great advantage that for the last two or three years of their academic course most of their teachers have been actively engaged in the practice of their profession and therefore in a position to ensure that their students have a good idea of what the practice of medicine involves.

Very few members of the teaching staff of schools of pharmacy have any recent experience of the practice of their profession, and many of them have never practised at all.

As a result, certain pre-registration students of pharmacy find themselves at a considerable disadvantage compared with pre-registration students of medicine when they are brought face to face with the real work-a-day world.

Childproof container shortage in US

An unexpected shortage of childproof containers has prompted the Food and Drug Administration (FDA) to delay quietly the deadline for safety packaging of aspirin, "dangerous drugs" and certain liniments. The notice, published without public announcement in the Federal Register, gives the nation's 55,000 retail pharmacists until January 22, 1973 to comply.

The original deadlines, based on a two-year-old law, had been August 14 for aspirin, September 21 for methyl salicylate and October 24 for 4,300 types of such controlled drugs as amphetamines, barbiturates and narcotics.

FDA officials said a field survey under way indicates that the packaging-supply backlog may be even more extensive, and that the deadline might have to be extended also for manufacturers of bottled aspirin, the leading cause of child poisonings.

The delay now affects only retail pharmacists. Leonard Sisk, an FDA pharmacist, said the shortage was compounded by pharmacists deciding to put all prescriptions in child-resistant containers.

The FDA's slow enforcement of the 1970 Poison Prevention Packaging Act, designed to cut down on the 500,000 accidental poisonings that kill up to 500 children each year, has drawn frequent criticism from Congress.

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References:

1. *Brit. J. clin. Pract.*, 1972, **26**, 113. 2. *Practitioner*, 1971, **207**,
639. 3. *Brit. J. clin. Pract.*, 1970, **24**, 293. 4. *Brit. J. clin. Pract.*,
1971, **25**, 169.

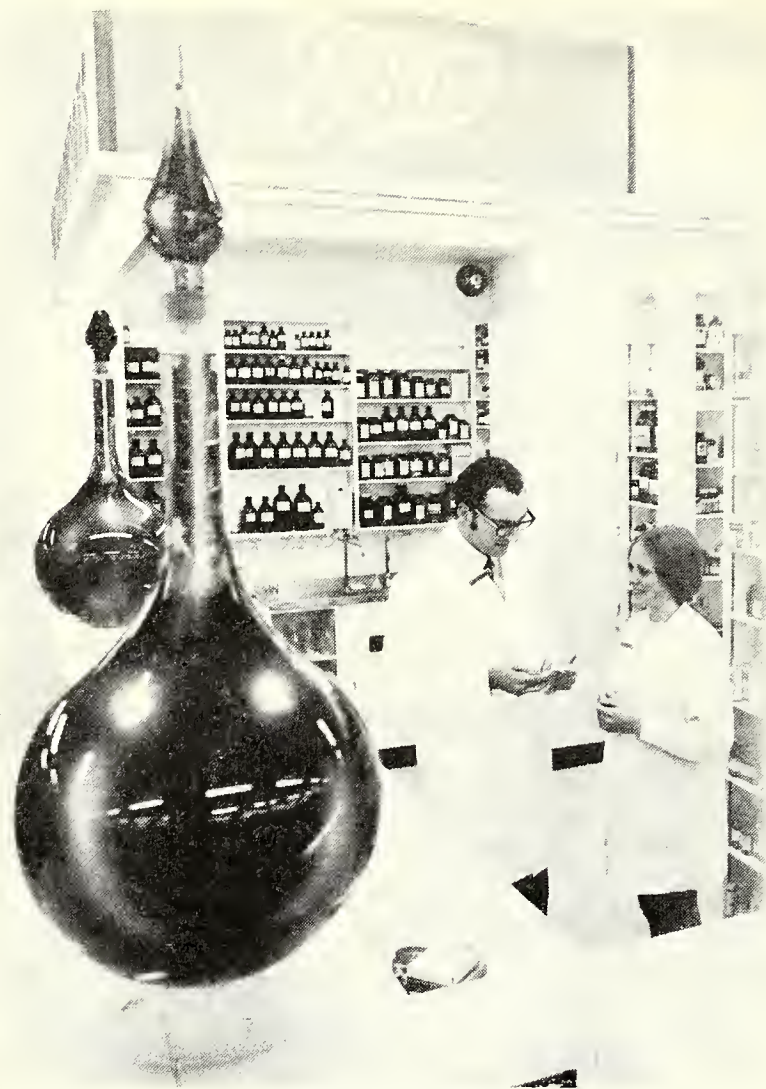
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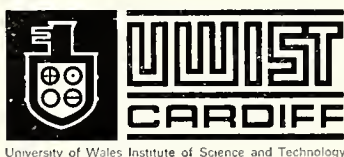
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CAREERS & EDUCATION

A fresh face with fresh thoughts appears every year'

by David Sharpe

Comparatively few private independent retail pharmacists are willing to employ preregistration graduates and many reasons are given for not doing so. The author answers many of the problems that arise in employing a student

Getting to know of suitable applicants is perhaps the easiest problem to overcome as there are many lines of communication open to both student and pharmacist. The weekly professional journals, together with direct communication with colleges offer the best chances; though the National Pharmaceutical Union, British Pharmaceutical Students' Association and the Pharmaceutical Society can often effect suitable introductions. Certainly, a combination or use of all of these channels has never left me with less than six applicants and often selection is the most difficult task.

An extra pair of hands

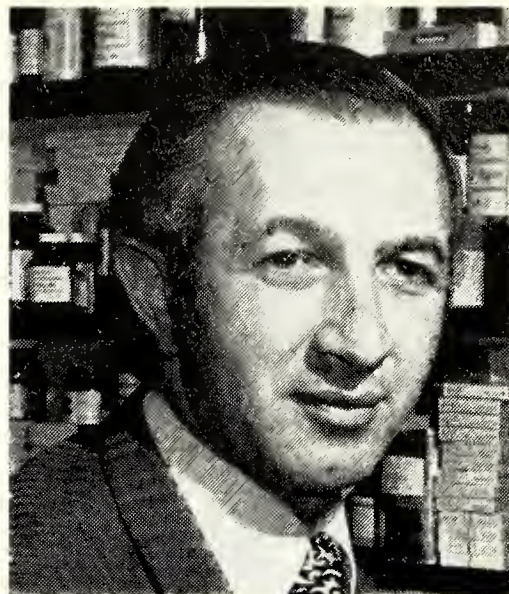
It follows that the problem of continuity is not as great as is made out. Overlapping for one month I have found is not uncommon, but this invariably occurs during the summer holiday months when an extra pair of hands can be useful. A point to remember is that an unqualified person assisting in the dispensary can leave at any time, but invariably a student remains for one year.

The cost of employment is an important factor. A pharmacist must be dispensing in excess of 2000 items monthly firstly to give the student adequate dispensing training and secondly because in any case at this level a pharmacist should be thinking of employing an unqualified person to assist in the dispensary to enable him to have adequate supervision to the premises as a whole. In certain parts of the country, the cost of employment is virtually the same both for a "student" and "dis-

penser" and where this is so, I would have thought that an ideal opportunity exists. For those areas where there is a differential unquestionably some financial sacrifice would have to be made by the employer until such time as the Government see their way to subsidising training to some extent.

Having decided to employ a student, the initiation period of the first month requires goodwill on both sides. My present student has commented on the fact that at university he was pumped full of physiology, pharmacology, biological availability, etc, but he found on his first day in the pharmacy that he did not know what to recommend for the common cold! His last dispensing practical was 14 months before he joined me and that consisted of making suppositories and multiple dose injections.

It is a most sobering time for the student, because he realises that he has had no practical experience of dealing with patients and that dispensing is not purely a mechanical exercise. To the employer the first four weeks are difficult, because every move the student makes must be watched. However it soon becomes apparent that the discipline of three years at university has been effective, resulting in most students having tidy and receptive minds. Their ability to grasp new thoughts and methods, as well as to criticise those existing, is excellent. It should form the basis of an interchange of ideas and stimulate discussion as to the best mutual use of the student's time during the year.



David Sharpe

The amount of responsibility to be given is a problem. It varies directly in proportion to the previous experience the student may have had in general practice pharmacy. Those lucky enough to have spent vacations within pharmacy or those with family connections in pharmacy have a distinct advantage. I would make a plea that every opportunity to familiarise students with general practice should be given during the academic training period.

A direct approach to retail

Would it not be possible for all the colleges to delegate a specific member of staff to be responsible for placing those students who wish to gain some initial experience? This staff member would have to make a direct approach to retail pharmacists explaining what was required at a personal level. A general appeal would fall on deaf ears, but time devoted to this work would be handsomely repaid by the student being able to relate theory to practice within the school of pharmacy. It would quickly become apparent to the student that there is a vast difference between an aseptic laboratory and a retail pharmacy but that there is a great deal in common as well.

General practice is not just counting

continued on p787



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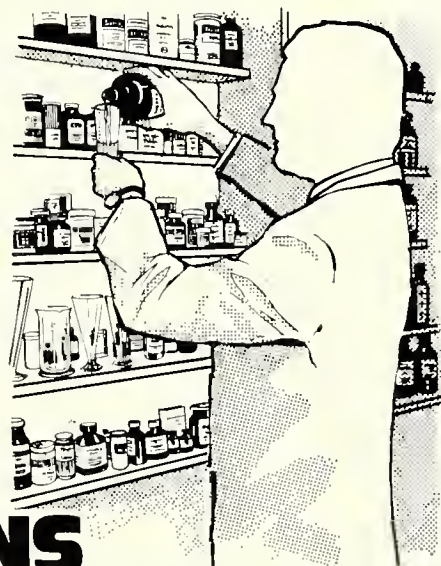
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CAREERS & EDUCATION

Continued from p785

tablets and selling cough sweets which some colleges lead their students to believe. Patients and their problems, staff relationships, medical representatives detailing new products are just some of the everyday situations that involve people and must be dealt with on a "one-off" basis without clear cut rules laid down in a textbook. At the same time, every prescription has to be scrutinised and checked even more thoroughly than within the confines of a college. A mistake there can be a loss of marks, a mistake in a pharmacy can result in a loss of life.

I think that a student's attitude to general practice pharmacy can be easily influenced one way or the other during his training year. It is essential that he is fully occupied not just with mundane exercises, but that he is allowed to pursue, within reason, projects of his own.

Both of us benefit

I am purchasing an electric mixer/emulsifier at the request of my present student, so that we can formulate and prepare a small exclusive range of dermatological products for sale within our own pharmacy. Certainly, I on my own initiative could not have contemplated such an undertaking because of the time factor involved, but here was an opportunity to demonstrate to a newly qualified scientist what facilities do, or can be made to, exist for use of his academic knowledge.

This is a prime example of two-way communication. He being able to advise me on the most modern scientific techniques available and I am able to advise him on the commercial applications. Both of us benefit!

At the same time, the graduate must learn to deal with the everyday problems that occur, many of which require a background of experience to solve. He must learn proprietary names, as in general only generic names are used within colleges; common ailments, their diagnosis and treatment by simple remedies; when to refer patients to their doctor and, of course, the biggest problem of all—interpreting doctors' handwriting.

The student can and must learn as much during this year as any year at college so that he does not finish his training with the idea that the time was wasted and that at retail pharmacy has nothing to offer scientifically or culturally. Very few private pharmacists can absorb newly qualified pharmacists into their businesses but I find that one of the most appealing features of employing "students" is that a fresh face with fresh thoughts appears every year.

They keep me on my toes and stimulate me into substantiating with logical argument, business and pharmaceutical procedures, that over a number of years I have come to use without question. As a result the business as a whole has benefited on many occasions from the infusion of new ideas and I am firmly of the opinion that employing preregistration students is a positive advantage both to me and my business.

An internship for all?

Mr V'Iain Fenton-May, president of the British Pharmaceutical Students' Association, puts forward some personal views on utilising the young pharmacists' abilities to the full

The title of "an expert on medicines" is being used increasingly to describe the pharmacist, who is no longer merely the compounder of medicines but is becoming more and more a consultant to the medical profession and the general public.

The undergraduate courses equip students with all the theory of medicinal chemistry, pharmacology and drug interactions that is required. What is lacking is practical experience in these fields to bring the young pharmacist to deal confidently with the allied professions.

Under the present system the schools of pharmacy cannot supply this type of experience, it can only come as pre and/or postgraduate experience.

In order to define the nature of such experience we have to decide what the future of pharmacy is to be. There is no point in creating a need where one never existed. The pharmacist has to look for a position which requires his new knowledge as well as his traditional skills.

The situation was put into perspective by Sir Derrick Dunlop when he spoke to a postgraduate meeting at Inverness on September 30, he said: "It takes a medical specialist all his time to keep abreast of the therapeutic advances in his limited subject: it would take a remarkable doctor indeed to have more than a superficial acquaintance with such advances over the whole field of medicines".

Seeing medicines in use

This is where the pharmacist of the future must step in. Before he can do this he must not only understand the theory of chemistry and pharmacology of medicines, but must also have seen the compounds in action.

Until we can obtain a perfect medicine and a population free from biological variation the only way to fully understand the actions of drugs is to see them in use. But this will not suffice; the young graduate must also have the chance to discuss drug actions with prescribers.

The only way, as I see it, to achieve this result is to introduce an internship for all our young pharmacists in the teaching hospitals of this country. Such internships could be organized by regional pharmacists in close co-operation with the schools of pharmacy. This would give a "feed back" into the undergraduate courses—all schools should have a worthwhile practical connection with the hospitals.

It is recognised that this approach deals



V'Iain Fenton-May

with but one aspect of training. Xrayser (*C&D*, April 29, 1972, p592) after a similar proposition had been made at the BPSA conference wrote: "But to be registered in that way and to transfer to retail pharmacy with no experience in that field poses many problems. Personally, I should not feel easy in my mind if I left a registered pharmacy in the hands of one who had no experience in that field".

I do not suggest that one should be able to move from one field straight into full control of another without experience. It does not happen in medicine yet there are no laws against it and I see no reason why things should be different in pharmacy—there are just as many dangers involved to the public.

Matured to the full

To obtain greater job satisfaction and to serve the public, the young pharmacist's knowledge must be used and if it is only partly formed it must be matured till it is of maximum use.

Furthermore, the student pharmacist must still obtain experience in all the traditional aspects of pharmacy in its widest sense. We no longer wish to see analysis, microbiology, central sterile supply, radio-pharmaceuticals, etc., being shipped out of the pharmacy department. If this, together with the newer concept of postgraduate training requires a longer period in which to train, so be it.



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PHARMACY

A CAREER IN PHARMACY

continued on p790

CAREERS & EDUCATION

continued from p789

on professional studies enabling the student to relate his purely academic material to his professional work.

Instead of him receiving three almost entirely separate lecture courses on the major disciplines, a particular area such as "infectious disease" will be taken and all the pharmaceutical, chemical and pharmacological aspects of the topic will be discussed.

Final year students receive a number of lectures on professional matters given by invited speakers. Small groups visit local hospitals by arrangement with consultants.

With the assistance of the local Pricing Bureau exercises are also given to students on prescribing patterns in Birmingham.

Visits to Europe

Early in the academic course the department introduces students to local retail and hospital pharmacists so that they can see how a pharmacy operates and relate course work to a professional situation. They are encouraged to visit their "pharmacist contact" about twice a term.

In recent years Aston has arranged visits to Europe to illustrate the practice of pharmacy in community, hospital and industrial situations in other countries. The department hopes to pursue this even more in the future with the imminent accession to the European Economic Community.

The University of **Bradford** offers degrees in pharmacy either by three years of continuous academic study or through a sandwich course with two six-month periods of integrated practical training. The latter course ensures that students have an awareness of the practice of pharmacy before coming to the end of their course. Cooperation and mutual interchange of information between the academic staff and the retail, hospital or industrial tutors is enabled.

In both types of degree, topics are introduced into the academic course to enhance the students' knowledge of the pharmacist's role in society. In the first year, lectures of a vocational nature are given by specialists on topics such as career patterns in the various branches of pharmacy, the structure of governmental, voluntary social and health-related services and health education.

In the second year of the continuous course and fourth year of the sandwich course initiative is encouraged by means of study of topics by small syndicates of students, each syndicate being allowed several weeks to prepare a review of the literature which is subsequently presented to a larger group of students and staff.

Pharmacological instruction includes lectures by clinicians and attendance at doctors' surgeries and hospital wards.

The final years of each course include detailed lectures on administration, organisation and management functions involved in retail, hospital and industrial pharmacy. Instruction on pharmaceutical systems in other countries completes the study.

Brighton revised and remodelled its course last year with the intention of "providing a better basis for the graduate's

life work". Clinical aspects of pharmacology are now taught more extensively and the college has a panel of medical experts who are to give lectures.

In some cases students will attend a local hospital where consultants will discuss actual cases in the presence of the patient. In the skin department of the hospital special slides will be shown by the consultant and first hand experience of methodology and treatment will be talked about at length.

"Modern dispensing" classes, in which the student is required to dispense items with full observance of legal and ethical conditions applying in practice, will be supplemented with dispensing seminars where all aspects of the preparation, presentation and usage of medicaments will be discussed with internal and external supervisors.

Instruction in business and management studies at **Brighton** will continue to provide a basis for membership of the Institute of Pharmacy Management.

At **Cardiff** in the third year a student may choose to study mainly in a single area of pharmacy (eg pharmaceuticals, pharmacology) or follow a wide based course in "community pharmacy".

In the fourth year at the University of Strathclyde, **Glasgow**, emphasis is placed on disease processes and the actions and uses of drugs in disease. Contact with general medical practitioners is arranged to give the student some practical experience and to facilitate communication between the two professions. Advanced teaching is also concerned with the experimental methods used for testing the activity of new drugs.

Realism in the training

At **Leicester** visits to pharmaceutical and other industrial companies form an integral part of the course.

To impart realism to their training final year undergraduates spend several periods at the Leicester Royal Infirmary under the direct supervision of the chief pharmacist and his staff. Experience in the sections devoted to sterilisation, manufacture and general dispensing is included.

As in other schools of pharmacy **Liverpool** first-year students are assigned to practising retail pharmacists, who allow them to visit their pharmacies to obtain an insight into professional practice.

At the end of the first and second year all undergraduates are expected to obtain experience of working in a branch of pharmacy for at least six weeks, in a retail establishment for one vacation and hospital for the other.

Again visiting lecturers provide in the final year complementary information on clinical pharmacology in addition to information already provided by the school's staff. In some cases human pharmacology practicals are conducted.

Final year students at Brunswick Square, University of **London**, can opt for a course based on applied pharmacology, as distinct from the more experimental studies that have until now characterised the subject. It is a joint course with St Bartholomew's

Hospital medical college and concerns pharmacology especially in its relation to clinical usage and metabolism of drugs.

Participants attend lectures both at the school of pharmacy and at "Barts". The new option enables greater emphasis to be given to: Drug metabolism and the effects of other drugs and diseases on metabolic processes, unwanted drug effects such as toxicity; human pharmacological techniques; the design and management of clinical trials and the clinical uses of drugs.

All students at the "Square" are expected to undertake four weeks of work in some branch of pharmacy during the first and second long vacations. In the first year they usually work in retail or hospital and in the second year in hospital or industry. The idea is that the student approaches the third year with some first-hand knowledge of the scope of professional responsibilities.

The school of pharmacy at **Chelsea, London**, has this year introduced a new section into the syllabus intended to deal with the practice of pharmacy. The section will look at the use of drugs in hospital and general practice and also at the problems of administration and management in the production, distribution and retailing of pharmaceuticals.

It involves hospital visits and lectures by experts in hospital practice and management studies.

In each of the two summer vacations of the course, **Nottingham** students take temporary posts in some branch of pharmacy. Although the department finds suitable posts, students are at liberty to take up appropriate work of their own choice.

An unusual feature of the department is its use of lecturers from pharmaceutical industry and research institutes for specialised courses in connection with the third year of the honours degree. The subjects dealt with in this way are antibiotics, immunology, immuno-suppressive drugs and anti-inflammatory agents.

An experiment in examinations

Nottingham has recently completed a three-year experiment in the area of examinations and will shortly be assessing the results.

Undergraduates at **Portsmouth** intending to enter retail practice are advised to take the course in pharmaceutical administration. Subjects include the responsibilities of the manager and his role in the recruitment, selection, training and education of staff; legal aspects of retail practice such as contracts, the Shops Act, Trade Description Acts; finance and costs including balance sheets, profit and loss accounts and budgets; business control including some basic economics, stock records and control; provision of facilities, site selection, process planning and the design of the modern retail pharmacy; organisation of the pharmaceutical industry, costs of production and "break-even" concept, and costs of National Health Service dispensing.

To augment the formal teaching of the subject matter, students are required to write a dissertation on a selected topic of pharmaceutical administration.

Market News

HARP ADVANCE IN NUTMEG PRICES

London, November 15: During a week in which there were few features, West Indian nutmegs were sharply advanced. The 80's were up by nearly £100 a ton and other grades by a proportionate amount. Cape aloes continued to firm at the Curacao eased further for shipment. American lobelia, senega, white squill, gentian and some aromatic seeds were up. Menthol from China was slightly over while the Brazilian appeared to follow the same trend. Any big orders however could soon reverse the position, was thought.

Ecuador is reported to have started to export the extract obtained from the leaves of the floripondio or guanto tree (*Natura sanguinea*) which grows only in the Ecuadorian Sierra and contains pioscine.

Among essential oils Brazilian pepper was dearer on the spot reflecting a slight position. Bourbon geranium and Brazilian bois de rose were not quoted on the spot but there was a parcel of the latter in the afloat position.

Pharmaceutical chemicals

Bismuth salts: £ per kg.

	12½-kg	50-kg	250-kg
Benzoate	5.38	5.20	5.15
Salicylate	4.53	4.30	—
Gallate	4.83	4.60	—
Nitrate	4.87	4.65	4.60

Camphor: BP is £297 metric ton for 250-kg lots.
 Lidium bromide: 5-g lots £3.20 g.
 Metine: 5-kg lots hydrochloride £335 kg; bismuth £200.
 Ether: Anaesthetic BP—2-litre bottles £0.91 each under 350 litres; £0.85 each for over 350 litres; 4-litre drums £0.31 litre for 350-litre lots. Solvent per metric ton in drums from £333 for 50-kg in 16-kg drums down to £318 in 130-kg drums.
 Fous fumarate: £0.50 kg for 50-kg lots.
 Fous gluconate: £628 metric ton in 50-kg lots.
 Fous phosphate: In kegs £0.46 kg.
 Hydrogen peroxide: 35 per cent, £149 metric ton.
 Phosphites: £ per kg.

	12.5 kg	50 kg
Cicum	1.14	1.06
Magnesium	2.35	2.27
Passium	1.98	1.87
Sium	1.57	1.45
Sium	1.27	1.17

Ammonium sulphate: 100-kg £0.20½ kg.
 Ammonium citrate: (per metric ton) 50-kg lots £650 1-ton £620. Scales 50-kg £0; 1-ton £790; green £830.
 Phosphate: £493.50 metric ton for 50-kg lots.
 Brenaline sulphate: 5-kg £16.50 kg.
 Lin: BP is £66 per 1,000 kg in sacks.
 Acetamol: 1-metric ton lots £1.17 kg; 5-ton £4 kg. For direct compression £1.27 and £1.24 respectively.
 Charin: BP powder 1 lb and over £0.85 lb, stable £0.77½.
 Cylamide: (Per metric ton) 5-ton lots £700; 1-ton £710; 500-kg £720.
 Pineol: 50-kg lots £0.47 kg.
 Bromine: Alkaloid 100-kg lots £2.30 kg.
 Carbonate: BPC 25-kg sacks £0.26 kg.
 Chloride: Granular 96-98% £135 metric ton.
 Sulphate: Heptahydrate £52 metric ton.

Crude drugs

Aloes: (metric ton) Cape primes £340 spot; £315, cif. Curacao £740 spot; £675, cif.
 Balsams: (lb) Canada £2.15 spot; shipment £2.10, cif. Copaiba: BPC £1.25. Para: £0.40. Peru: £1.17, £1.12, cif. Tolu: BP £0.70.
 Benzoin: BPC £40 to £42 cwt spot; £37-£40, cif.
 Camphor: BP natural powder £1.05 kg spot; £1.00 cif. Synthetic BP £0.57 kg in 500-kg lots.
 Gentian: Root £490 metric ton spot; £480, cif.
 Lobelia: American herb £780 metric ton, cif.
 Menthol: (kg) Chinese spot £6.90, shipment £5.85, cif. Brazilian spot £3.90; shipment £3.85, cif.
 Nutmeg: (Per ton, cif). Grenada: 80's £672; sound unassorted £560, defectives £504, all fob.
 Pepper: (ton) Sarawak black £577.50, cif; white £395, cif.
 Podophyllum: Emodi £350 metric ton cif (new crop).
 Senega: Canadian £1.80 lb spot; £1.70, cif.
 Squill: White spot £320 metric ton, £270, cif.
 Seeds: (ton) Anise: China star £175, spot; shipment £125, cif. Caraway: Dutch ex wharf £1,060, virtually unobtainable. Celery: Indian £300; shipment £265, cif. Coriander: Moroccan £80, cif. Cumin: Indian £325, cif. Chinese £275 metric ton, cif. Dill: Indian, for shipment £140, cif. Fennel: Indian £200, cif. Chinese £220 metric ton. Fenugreek: Moroccan £69, cif. Mustard: £60-£120 spot.

Essential and expressed oils

Almond: Drum lots £0.61 kg.
 Amber: Rectified spot £0.29 kg.
 Anise: Chinese £1.55 kg spot; £1.50, cif.
 Bay: £8 kg spot.
 Bergamot: £9.35-£14 kg as to grade.
 Birch tar: Rectified £2.53 kg.
 Bois de rose: Afloat £4.20 kg, cif.
 Buchu: English distilled £210 kg.
 Cade: Spanish £0.50 kg.
 Cajuput: £0.84 kg on spot.
 Camphor white: Spot £0.40 kg; £0.34, cif.
 Cananga: Java £5 kg, cif.
 Caraway: Dutch £7.50 kg; English £21.50 kg.
 Cardamon: English distilled £50 kg; Indian £46.50.
 Cassia: Chinese £2.30 kg spot.
 Celery: English £26 kg; Indian £19.
 Cedarwood: Rectified £1.25 kg.
 Chenopodium: BPC 1959 £7.67 kg.
 Cinnamon: Ceylon leaf £1.27 kg, spot and cif. Seychelles leaf rectified £3, cif. Bark, BP £2.20 English distilled bark £88.
 Citronella: Ceylon spot £1.18 kg; £1.07, cif. Chinese £1.30 spot; £1.25, cif.
 Clove: Madagascar leaf £1.11 kg; £1.10, cif. English distilled bud £17.60. Stem £5.50 kg, cif.
 Cod-liver: BP in 45-gal lots £28.80 naked.
 Coriander: £8.80 kg spot.
 Cubeb: English, £13.50 kg.
 Dill: £5.39 kg spot.
 Eucalyptus: Chinese 70-75 per cent £0.85 kg spot.
 Fennel: Spanish sweet £2.09 kg.
 Geranium: (kg) Bourbon not quoted. Congo £14.
 Ginger: English distilled £40 kg; Indian £16.50.
 Juniper: Berry £3.08 kg; wood £0.55.
 Lavandin: £2.76 kg spot.
 Lavender: French from £4.70 kg.
 Lavender spike: From £2.35 kg spot.
 Lemon: Sicilian top grade £10.45 kg c and f; second £8.25.
 Lemongrass: £2.20 kg spot; £2.15, cif.
 Lime: West Indian £7.45 kg spot; £7.15, cif.
 Mandarin: £5.50 kg spot.
 Nutmeg: East Indian £4.95 kg. English distilled from West Indian £12, from E Indian £13.15.
 Olive: Spanish £415-£424 metric ton, cif; Tunisian £400-£410, cif. Spot duty paid £470-£480.
 Orange: Sweet from £0.46 kg spot; bitter from £0.15.
 Origanum: 70% £3.40 kg; 30 per cent £1.54.
 Palmarose: £7.15 kg spot, £7, cif.
 Patchouli: Spot £7 to £8 spot and cif.
 Pennyroyal: £2 kg, new crop.
 Pepper: English distilled ex black £35.50 kg.
 Peppermint: (per kg) Arvensis Chinese, spot £4.25; Nov-Dec £2.75, cif. Brazilian £1.65 spot; Jan-Feb £1.60, cif. American piperata from £1.60.
 Petitgrain: Spot £4.20 kg; shipment not quoted.
 Pimento: Berry £4.90 kg; leaf £4.25.
 Pine: (kg) Abietis £3.75; pumillonis £6; syvestrie £1.82.
 Rosemary: Spanish £1.90 kg, scarce.
 Sage: Spanish £2.09 kg.
 Sandalwood: Mysore spot £13.50; East Indian for shipment £13.40 kg, cif.
 Sassafras: Spot £0.54 kg.
 Spearmint: American £4.40 kg spot.
 Thyme: Red £2.82; white £2.85 kg.

Coming events

Monday, November 20

Harrow Branch, Pharmaceutical Society, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr J. M. Gumpel (consultant rheumatologist, Northwick Park Hospital), on "Drugs in the treatment of rheumatism".

Federation of South-eastern Pharmacists, National Pharmaceutical Union, The Beach Hotel, Marine Parade, Worthing, at 8 pm. Annual general meeting. Mr A. Howells (member of council and NPU executive committee), on "Current pharmaceutical affairs".

Tuesday, November 21

Fife Branch, Pharmaceutical Society, Ollerton Hotel, Kirkcaldy, at 7.30 pm. Mr S. Wozniak (Chief pharmacist, Milesmark hospital, Dunfermline), Mr D. Bolton (deputy pharmacist) and Mr A. C. Galloway, on "Ward pharmacy in Fife hospitals".

Herefordshire Branch, Pharmaceutical Society, Green Dragon Hotel, Hereford, at 7.30 pm. Annual general meeting and films by Roche Products Ltd.

Isle of Thanet Branch, Pharmaceutical Society, Endcliffe Hotel, First Avenue, Cliftonville, at 7.45 pm. Illustrated talk by Mr G. Williams on "Heraldry".

Leicestershire Branch, Pharmaceutical Society, Postgraduate Medical Centre, Leicester Royal Infirmary, at 8 pm. Branch meeting.

West Kent Branch, Pharmaceutical Society, Wellcome Research Laboratories, Langley Court, Beckenham, at 8 pm. Mr T. P. Astill (deputy secretary, NPU), on "VAT—Tax without tears".

Wednesday, November 22

West Division 2, National Pharmaceutical Union, Lecture Theatre 'K', Applied Science Building, University College of Swansea, Singleton Park, Swansea, at 8 pm. Mr T. P. Astill (deputy secretary, NPU), on "VAT".

West Hertfordshire Branch, Pharmaceutical Society, Harperbury Hospital, Shenley, Radlett. Branch resolutions meeting.

Thursday, November 23

Aberdeen Branch, Scottish Pharmaceutical Federation, Station Hotel, Aberdeen, at 8 pm. Mr W. Crawford (surveyor HM Customs and Excise, VAT Office, Aberdeen), on "VAT".

Bradford and Halifax Branch, National Pharmaceutical Union, Midland Hotel, Bradford, at 8 pm. Mr D. Royce (member of the executive committee, NPU), on "A voluntary trading organisation for pharmacy".

Bristol Branch, Pharmaceutical Society, Dyrham Lodge, 16 Clifton Park, Bristol, at 7.30 pm, joint meeting with the NPU. Dr T. D. Whittet (Chief pharmacist, Department of Health and Social Security), on "The Medicines Act".

Liverpool Branch, Pharmaceutical Society, School of Pharmacy, Liverpool Polytechnic, Byrom Street, Liverpool 3, at 7.45 pm. M Guillot (Professor of pharmacy, France), on "Taste and flavour of drugs".

Northumbrian Branch, Pharmaceutical Society, at 8 pm, Thomson House. "A visit to Newcastle Chronicle and Journal Ltd", Thomson House, Great Market, Newcastle. (Those wishing to attend should apply to Northumbrian secretary).

West Division 2, National Pharmaceutical Union, The School of Pharmacy, University of Cardiff, Cathays Park, Cardiff, at 8 pm. Meeting will be chaired by Mr D. H. Maddock (NPU executive committee).

Friday, November 24

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Croydon, at 8 pm. Joint meeting with NPU. Mr R. Worby (member of NPU executive and Chemists Contractors Committee), on "Current pharmaceutical topics".

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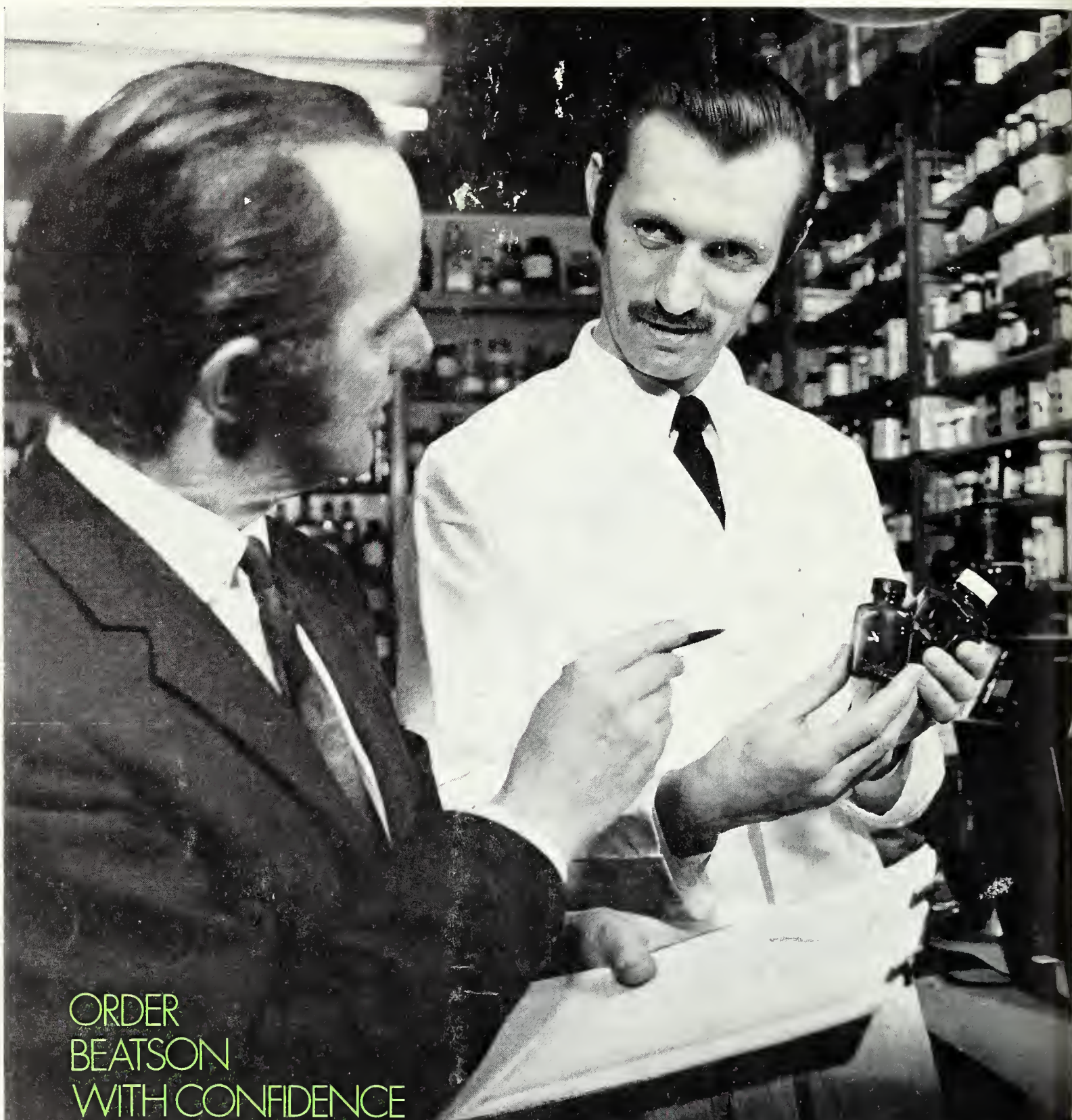
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 Metric Ribbed oval —white flint and amber
 Tablet —white flint and amber
 Vial —white flint
 Jar —white flint and amber
 Eye Drop Bottle
 and Dropper—amber
 Metric Sloping
 Shoulder Flat—white flint and amber
 Powder —white flint and amber
 Metric Winchester —plain and ribbed
 Olive Oil —white flint

Manufactured by
BEATSON, CLARK & CO. LTD.
 Rotherham, Yorkshire.



ASK YOUR WHOLESALER

